Reproductive Health Training

For Primary Providers

A SourceBook

for

Curriculum Development

Module 6
Selected RH Services

PRIME

Module 6

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ABOUT the AUTHORS

Module 6 of the *SourceBook* was written by Lynn Sibley, CNM, MA, PhD. Ms. Sibley is a Senior Technical Advisor to PRIME, American College of Nurse-Midwives (ACNM), Special Projects Section. Ms. Sibley has more than 24 years experience in a varied background which includes nursing, nurse-midwifery and anthropology.

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
BBT	basal body temperature
BV	bacterial vaginosis
COC	combined oral contraceptive
EC	emergency contraception
FP	family planning
HBV	hepatitis B virus
HIV	human immunodeficiency virus
HPV	human papilloma virus
HSV	herpes simplex virus
MCH	maternal and child health
MH	maternal health
PAC	postabortion care
PID	pelvic inflammatory disease
RH	reproductive health
RTI	reproductive tract infection
SBE	self-breast examination
STI	sexually transmitted infection
TBS	The Bethesda System (Bethesda Classification System)
UTI	urinary tract infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers, but it can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each job or service component. A list of the eight *SourceBook* modules appears below.[1] This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected[2] reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

1 Other jobs, or modules, may be identified and developed.

2 This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 6

Module 6 contains the components for developing a curriculum or a curriculum unit on providing selected RH services. The module covers common RH problems (for example, STIs/RTIs and HIV/AIDS, selected gynecological problems, breast and cervical cancer) which may be encountered during the provision of family planning (FP) or maternal health (MH) care services. It also includes reproductive health care relevant to different life stages (e.g., adolescence, preconception and perimenopause) and special life circumstances (e.g., infertility, female circumcision and domestic violence).

This module refers to and/or incorporates the knowledge and skills covered in other *SourceBook* modules (i.e., counseling clients; educating clients and groups; providing family planning services; providing maternal and newborn care services; providing postabortion care (PAC) services).

When developing a performance-based curriculum on providing selected RH services, the following resources are essential to use in conjunction with Module 6:

Key Resources (full citations are contained in the User's Guide and the **References** at the end of this module):

- *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide* (WHO)
- *Essentials of Contraception* (Hatcher, et al)
- *Menopause and Mid-life Health* (Notelovitch and Tonnensen)
- *Management of Sexually Transmitted Diseases* (Global Programme on AIDS, WHO)
- *The Sexuality Connection in Reproductive Health* (Dixon-Mueller)
- *Gynecology: Well Woman Care* (Lichtman and Papera)
- *Women's Health: A Primary Care Clinical Guide* (Youngkin and Davis)
- *Dr. Susan Love's Breast Book,* second ed. (Love and Lindsay)
- *Cervical Cancer Prevention: Technical Information Memo Series* (Bright, et al)
- *Contraceptive Technology, sixteenth revised ed.* (Hatcher RA, et al)
- *Reproductive Health Client Management Guidelines* (FPAK)
- *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers* (Mtawali, et al)
- *Domestic Violence Education* (Paluzzi and Quimby)
- national or local RH service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing selected RH services.

Mapping Module 6

On the following pages are a series of figures that progressively build the "map" of Module 6 (Figures 1 through 5). The term "map" has a unique meaning in the *SourceBook.* Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee's JOB (the JOB for Module 6 is "providing selected RH services");
- the MAJOR TASKS of the job;
- the KNOWLEDGE required to perform the job;
- the SKILLS required to perform the job;
- KNOWLEDGE ASSESSMENT QUESTIONS; and
- SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, the JOB appears in the horizontal box at the top of the map.

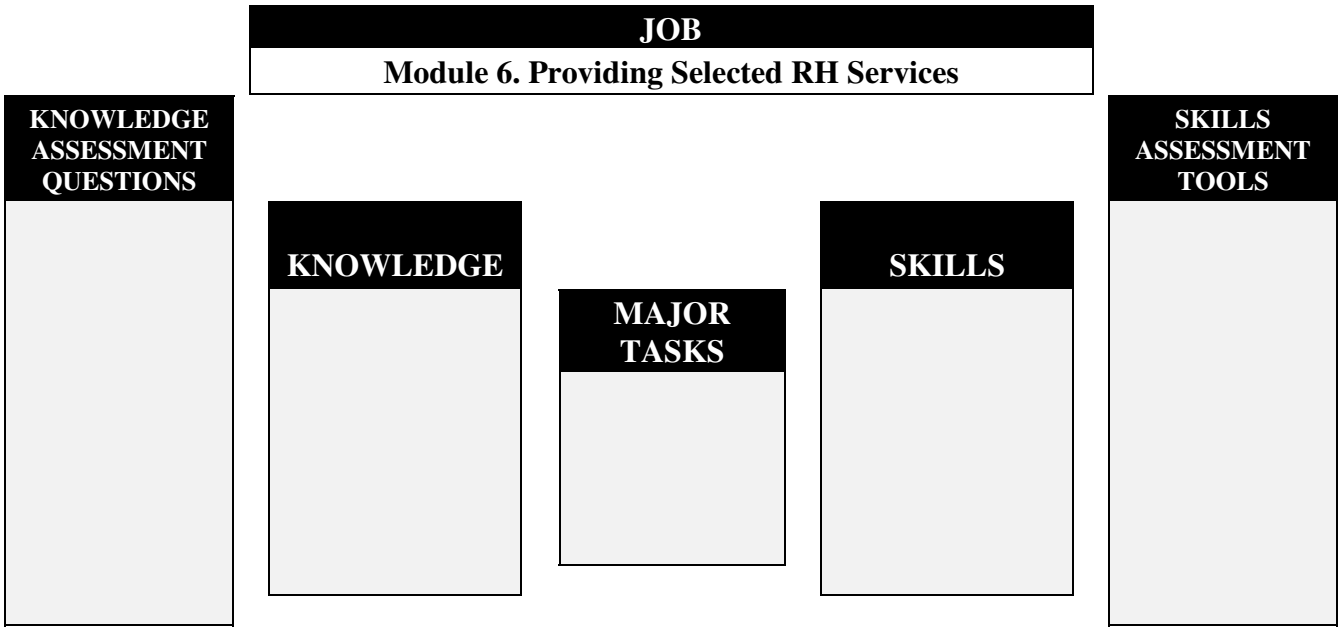

Figure 1
The Module "Map"

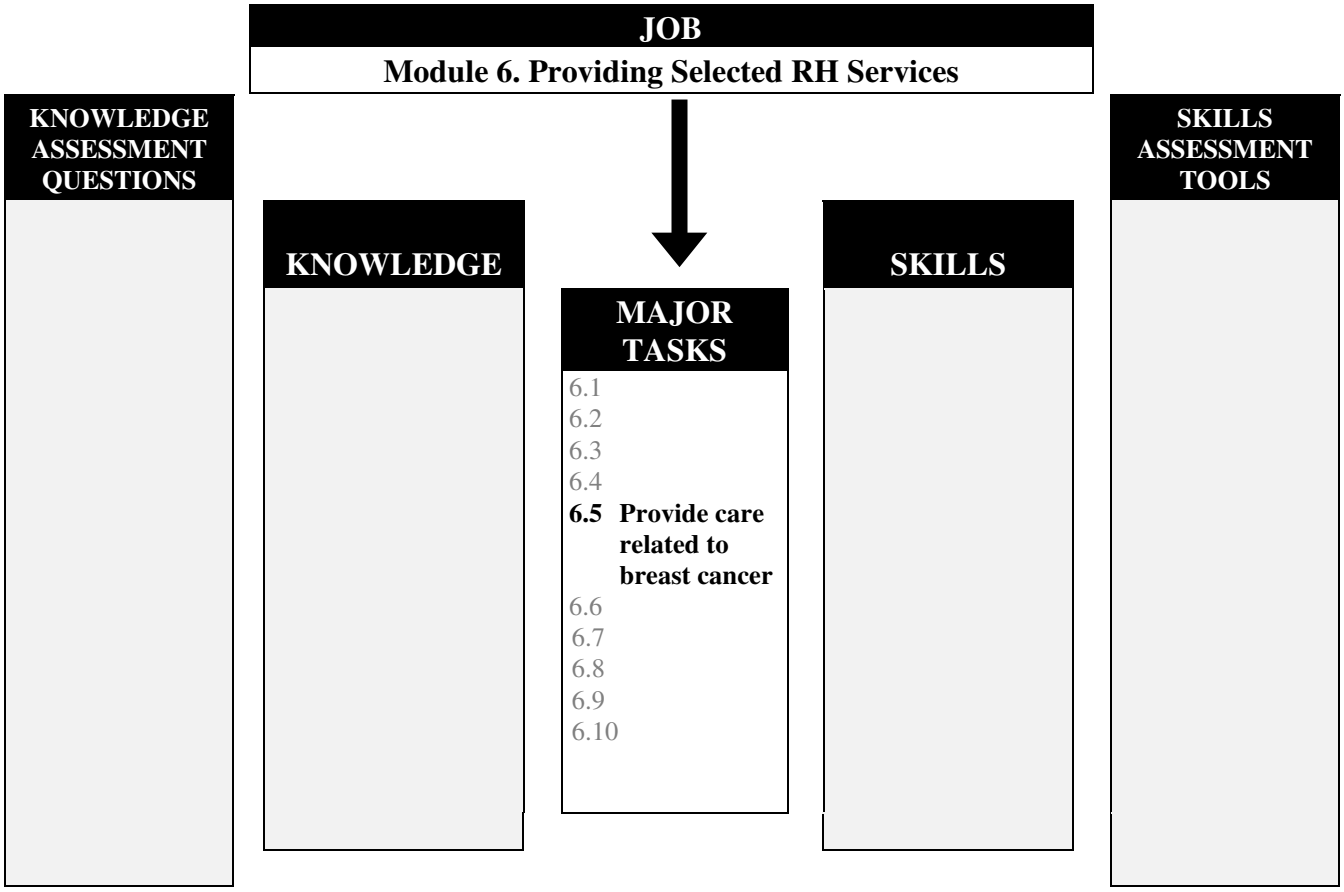

Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, "Providing Selected RH Services", consists of ten MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the ten MAJOR TASKS, "provide care related to breast cancer", is featured in Figure 2.

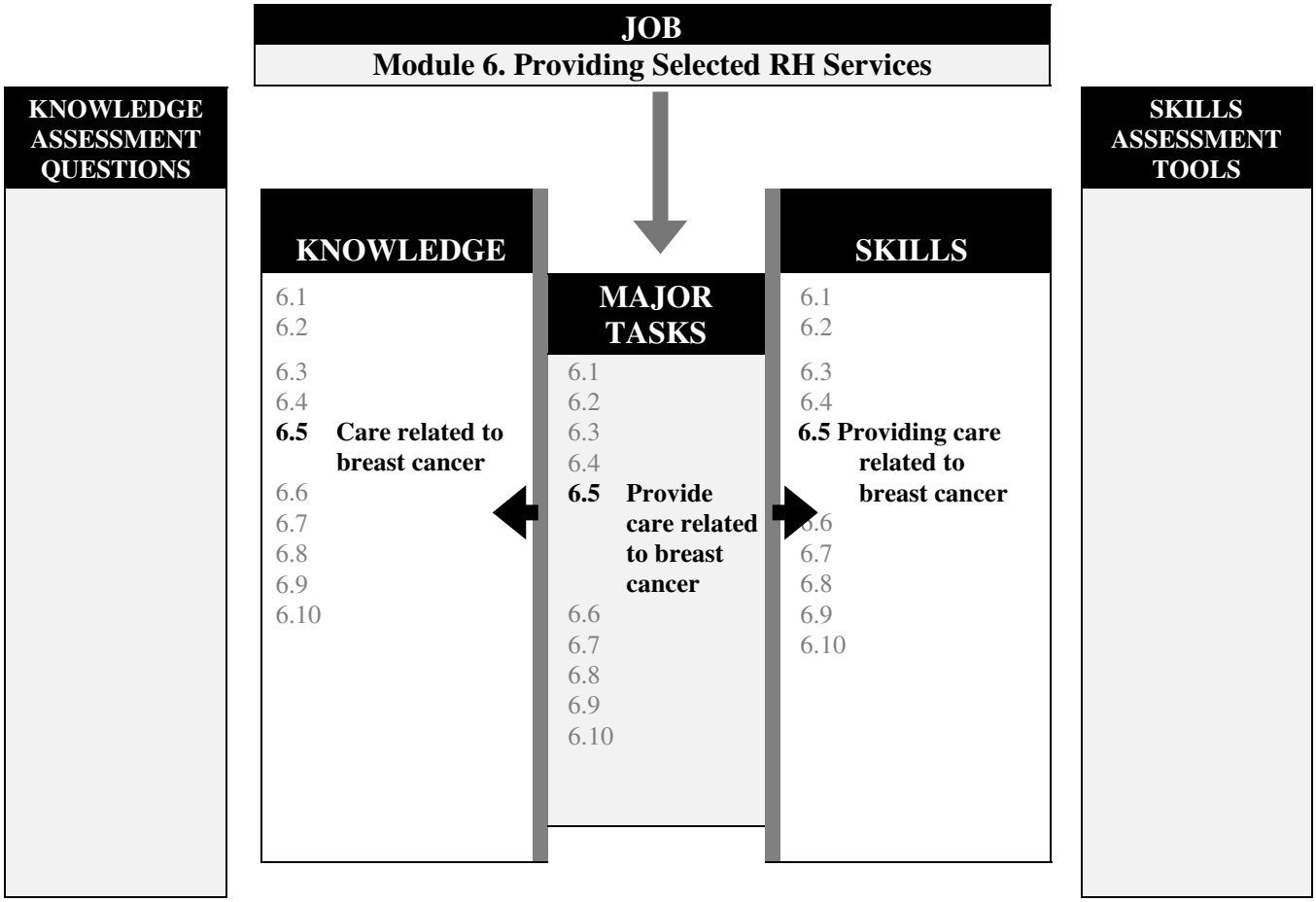

Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of providing care related to breast cancer consists of aspects of care and counseling related to breast cancer. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILLS that must be practiced are performing breast exams, teaching self-breast exam, and counseling and referring appropriately.

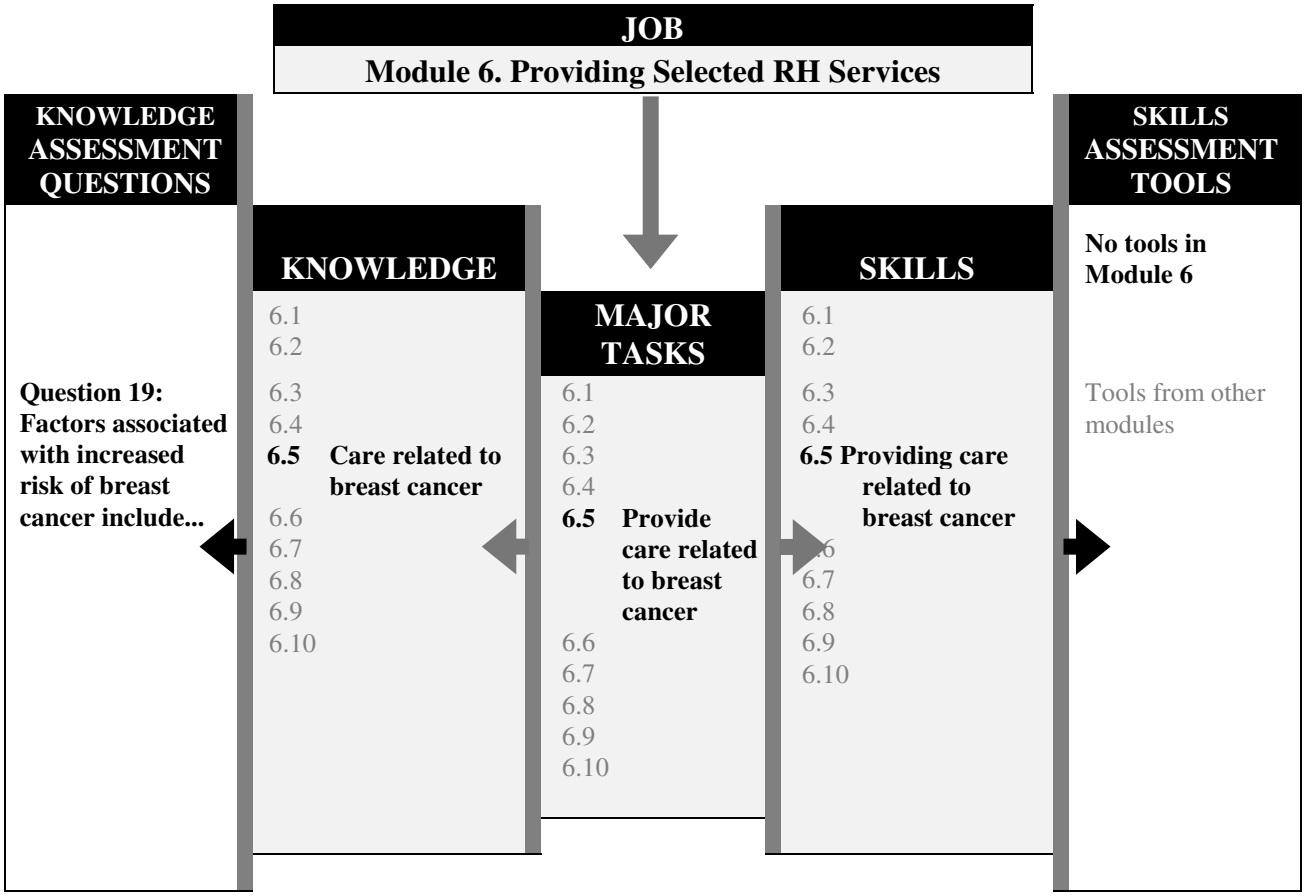

Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each major TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They also can be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job. Module 6 does not contain SKILLS ASSESSMENT TOOLS; however there are several SKILLS ASSESSMENT TOOLS in other *SourceBook* modules that can be used or adapted for use with Module 6.

For a complete map of this module, see Figure 5 on the next page.

JOB

Module 6. Providing Selected RH Services

KNOWLEDGE ASSESSMENT QUESTIONS

Module 3 Questions

30 sample questions which test knowledge recall and

the application of knowledge through problem-solving are included in this module.

Two examples are:

2. List three risks of early sexual activity.

13. Select the first diagnostic examination you would obtain from a client complaining of secondary amenorrhea for three months.

KNOWLEDGE

- **6.1** Care of adolescents
- **6.2** Care of women during the perimenopausal years
- **6.3** Care of women having selected gynecological problems
- **6.4** Counseling for primary prevention and care of clients with RTI/STI & HIV/AIDS
- **6.5** Care related to breast cancer
- **6.6** Care related to cervical cancer
- **6.7** Care related to infertility
- **6.8** Care for preconceptional clients
- **6.9** Care of clients who may be/have been circumcised
- **6.10** Care of clients who may be/have been victims of domestic violence

MAJOR TASKS

- **6.1** Provide RH care for adolescents
- **6.2** Provide RH care for women during the perimenopausal years
- **6.3** Detect and manage selected gynecological problems
- **6.4** Provide education/ counseling for prevention; manage RTIs/STIs & HIV/AIDS
- **6.5** Provide care related to breast cancer
- **6.6** Provide care related to cervical cancer
- **6.7** Provide care related to infertility
- **6.8** Provide RH care for preconceptional clients
- **6.9** Provide care for and education about complications of female circumcision
- **6.10** Provide care for victims of domestic violence

SKILLS

- **6.1** Providing RH care for adolescents (seven skill components)
- **6.2** Providing RH care for women during the perimenopausal years (six skill components)
- **6.3** Detecting and managing selected GYN problems (two skill components)
- **6.4** Providing care related to RTIs/STIs & HIV/AIDS (five skill components)
- **6.5** Providing care related to breast cancer (three skill components)
- **6.6** Providing care related to cervical cancer (two skill components)
- **6.7** Providing care related to infertility (three skill components)
- **6.8** Providing RH care to preconceptional clients (four skill components)
- **6.9** Providing care related to female circumcision (three skill components)
- **6.10** Providing care related to domestic violence (three skill components)

SKILLS ASSESSMENT TOOLS

Module 6 Tools:

None

Tools from other Modules:

Tool 1-b: Counseling the client to make a FP/RH decision

Tool 2-a: Providing group education about FP/RH

All Tools in Module 3:
Providing FP Services

Selected Tools in:

Module 4: Providing Basic Maternal and Newborn Care Services

Module 5: Providing Postabortion Care Services

Figure 5: Detailed map of Module 6

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to provide and/or refer clients for selected reproductive health services.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

6.1 Provide RH education, counseling and care that are appropriate for **adolescents** and that relate to normal adolescent development, sexuality and psycho-social issues; responsible decision-making; and health care needs of adolescents.

6.2 Provide RH education, counseling and care for **women during the perimenopausal years** related to normal menopausal changes; mid-late life sexuality and fertility; health promotion/disease prevention; and health care needs of perimenopausal women.

6.3 Detect **selected gynecological problems** (such as amenorrhea, abnormal uterine bleeding, stress incontinence, urinary tract infection (UTI), vesicovaginal fistula, ectopic pregnancy), counsel and refer women for care, as necessary.

6.4 Provide education and counseling to individuals and groups about the consequences and prevention of **RTIs/STIs and HIV/AIDS**; and (according to local protocol) manage RTIs/STIs and HIV/AIDS, including recognition of RTIs/STIs and HIV/AIDS, counseling and treatment/referral of individuals and couples.

6.5 Provide care related to **breast cancer**, including screening, education, counseling and referral for further assessment and/or care.

6.6 Provide care related to **cervical cancer**, including screening, education, counseling and referral for further assessment and/or care.

6.7 Provide care related to **infertility**, including screening, education, counseling and referral for further assessment and/or care.

6.8 Provide RH education, counseling and care, including referral, to **preconceptional clients** in order to enhance their ability to have a healthy pregnancy in the future.

6.9 Detect, support, treat and/or refer young girls and women for complications of **female circumcision**, as appropriate to the situation, and sensitively provide education and/or counseling to young girls and their parents about the potential health consequences of female circumcision.

6.10 Detect, support, treat and/or refer women who are victims of **domestic violence**, as appropriate to the situation, and provide education and counseling to young girls, women and others about domestic violence.

KNOWLEDGE & SKILLS

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 10 major tasks which comprise the job of providing selected RH services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules or in other references (see the **References** list at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. The skills assessment tools cited can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See the **References** list for the full citation of the sources listed.)

MAJOR TASK 6.1

Provide RH education, counseling and care that are appropriate for **adolescents** and that relate to normal adolescent development, sexuality and psycho-social issues; responsible decision-making; and health care needs of adolescents.

KNOWLEDGE

6.1 Care of adolescents
(see WHO: *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide)*

6.1.1 *Definition of adolescence* (see Glossary in User's Guide)

- includes biological and social factors
- refers to the transition years from the onset of puberty (when sex organs become functionally operative and secondary sex characteristics develop) to adulthood (Adulthood varies to some extent across social and cultural groups but is generally associated with assumption of full social and legal responsibility)

- WHO defines "adolescents" as including those aged between 10 and 19, "youth" as those between 15 and 24, and "young people" as those between the ages of 10 and 24.

6.1.2 *Rationale and context for providing adolescent services* (**Note:** support information below with local or regional statistics.)

- international consensus on the importance of adolescent health and health care (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time)*
- effects of social and economic environment on adolescent health status
- current health status of adolescents in the population
- number/percentage of adolescents in the population
- percentage of adolescents among the reproductive-age population

6.1.3 *Considerations when caring for adolescents*

- period of growth and sexual awakening
- developmental tasks include identity formation, moving from dependence to independence, dealing with intimacy and integrity
- misinformation/lack of knowledge about sexuality and reproductive health
- at risk for multiple physical, emotional and social problems that may compromise their future
- developmental stages of adolescence affect care-giving, for example:
  - requires a non-judgmental willingness to engage adolescents in a process of learning and self discovery about their bodies, their health and their responsibilities
  - requires creation of a non-threatening health care environment
  - requires collaboration with others, including (but not limited to) parents, other health care service providers, and other community members/organizations (see section 6.1.8 below)
- other considerations generated by trainers and trainees

6.1.4 *Review of anatomy and physiology of normal adolescent growth and development, including the difference between girls and boys*

- changes in the reproductive organs and secondary sex characteristics
  - female: enlarged breasts, broadened hips, onset of menses, growth of pubic and axillary hair, interest in sexuality

  - male: deepened voice, broadening of the chest, growth of facial, axillary and pubic hair, enlarged penis and scrotum, nocturnal emissions, interest in sexuality
- independence from adults
- psychological, emotional and behavioral responses to sexual development
- sexuality and changes in hormone levels and their influence on other organ systems of the body
- striving for locally ascribed gender roles and relationships

6.1.5 *Health care needs of and services for adolescents*

- education and counseling related to adolescent health (see section 6.1.6 below)
- screening, treatment, counseling and education for reproductive tract infections (RTIs) and sexually transmitted infections (STIs)
- family planning (FP), including emergency contraception (EC) (see Module 3) and interface with STI prevention
- postabortion care (PAC) (see Module 5)
- preconceptional care (see section 6.8 of this module)
- maternity care (see Module 4)
- other health and social services as identified by trainers and trainees

6.1.6 *Educational and counseling topics related to adolescent health* (see Modules 1 and 2 for further detail on counseling and education process and skills)

- importance of:
  - delaying sexual activity
  - delaying marriage
  - continued/extended education
- normal physical and emotional changes during adolescent growth and development for girls and for boys
- exercise and nutritional needs of adolescent girls and boys
- psycho-social issues related to changes of adolescence (e.g., developing self-identity, importance of peer group and effects of peer pressure, hero worship, rebellion against adult guidance, changing family and or community dynamics leading to stress)
- emerging sexuality and fertility; sexual orientation
- sexual roles and responsibility

- early and/or unwanted sex (sexual abuse)
- physical consequences of early sexual activity (e.g., risk of unwanted pregnancy, unsafe abortion, STIs or HIV/AIDS, and cervical cancer)
- psychological/emotional and social consequences of early sexual activity (e.g., shame, guilt)
- exploring social alternatives to sexual activity
- family planning, including emergency contraception (see Module 3)
- physical consequences of early pregnancy (e.g., the younger the adolescent the greater the risk; higher risk of spontaneous abortion, still-birth, pre-term birth, babies of low birth weight)
- psychological consequences of early pregnancy (e.g., being socially rejected, feeling outcast and unwanted, potential for restricted education and poverty, forced marriage)
- prevention of STIs, including HIV/AIDS
- participating in alternative rites of passage to replace female circumcision
- alcohol and drug abuse, and RH risk
- developing and/or taking advantage of peer counseling or youth support services
- family life education and responsible parenthood
- other topics as generated by trainers and trainees

6.1.7 *Tips to consider when providing education and/or counseling to adolescents*

- the developmental stages of adolescence may result in the:
  - strong need for privacy, confidentiality
  - need to be accepted as a unique person
  - need to appear as though they no longer need "mothering"
  - strong urge not to receive advice from adults/family as part of their struggle for independence
  - increased probability of accepting and acting on misinformation from peers
  - need for flexibility
- behaviors conducive to counseling adolescents
  - provide a safe, comfortable setting for discussions
  - provide confidentiality (if policies interfere with privacy, explain to adolescent)

  - offer encouragement
  - pay close attention to non-verbal cues
  - actively listen, offer reflective feedback (i.e., facts and feelings), summarize for clarification
  - confirm the acceptability of the adolescent's feelings and concerns
  - help to clarify values
  - help to look at available alternatives
  - provide opportunity for exercising control and thoughtful decision-making
  - provide counseling in an area of the service site that is separate from adults
- identify provider values and attitudes that may facilitate or hinder communication between provider and the adolescent client and/or adolescent group
- use values clarification exercises among adolescents in a group as an exploratory tool to identify beliefs and values concerning potentially sensitive topics, including sexual beliefs and behavior, roles and responsibilities
- pay close attention to peer interaction when in a group, and note for follow-up when peer pressure may be affecting an individual's participation or responses

6.1.8 *Resources in the community which may provide additional support to adolescents and promote adolescent health*

- peer support groups
- youth activity clubs
- interested adults (i.e., family and friends)
- sports groups
- educational institutions
- religious organizations
- safe houses (for homeless or run-away teens)
- drug abuse treatment centers
- HIV/AIDS prevention/education programs
- legal services
- hotlines
- others identified by trainers and trainees

SKILLS

6.1 Providing RH care services that are appropriate for adolescents including:

- sensitively educating and/or counseling adolescents (individuals and/or groups) about the topics listed in this module in section 6.1.6 (see Tools 1-b, 2-a and 3-a; see also *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide)*
- screening, treating, and counseling adolescents for RTIs and STIs (see tools and guidelines in *Management of Sexually Transmitted Diseases*)
- providing FP methods, including EC, for adolescents (see Module 3)
- providing PAC for adolescents (see Module 5)
- providing preconceptional counseling for adolescents (see section 6.8 in this module)
- providing maternity care for adolescents (see Module 4)
- referring adolescents for other health and social services not available in the provider's service site (see local or national referral guidelines)

MAJOR TASK 6.2

Provide RH education, counseling and care for **women during the perimenopausal years** related to normal menopausal changes; mid-late life sexuality and fertility; health promotion/disease prevention; and health care needs of perimenopausal women.

KNOWLEDGE

6.2 Care of women during the perimenopausal years (see Notelovitch and Tonnensen: *Menopause and Mid-life Health)*

6.2.1 Definition of perimenopause

- refers to the years during which women report the signs of transition from reproductive to non-reproductive physiologic processes
- phases include:
  - climacteric (transition between reproductive capability and menopause)
  - menopause or (complete cessation of menses/last menstrual cycle)
  - postmenopause
- spans a 25-year continuum from about age 35 to 60 years (in industrialized locales, menopause occurs at an average age of 49 to 51 years)

6.2.2 *Rationale and context for care of women during perimenopausal years*

- international consensus on the importance of health of, and health care for, women during middle and late life (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time)*
- social and economic environment and their effects on the health status of women during middle and late life
- current health status of women during middle and late life in the population (use local/regional data)
- percentage of women who are in the perimenopausal age range among the childbearing population, and among the general population (use local/regional data)

6.2.3 *Considerations when caring for women during the perimenopause*

- few biological events have as great an impact on a womanize health and well-being as her last menstrual cycle
- levels of reproductive hormones (estrogen and progesterone), which begin to decline some fifteen years prior to menopause, influence numerous body tissues, and the health consequences range from annoying symptoms (e.g., mood swings) in the early years to potentially life-threatening illness in later years (e.g., increased risk of heart disease and osteoporosis)

- menopause coincides with natural increases in the risk of chronic and potentially life-threatening illness such as cancer and diabetes (Many of these risks can be reduced and the quality of life in later years can be improved by preventive measures, including hormone replacement therapy where desired and affordable)
- there is a significant lack of information and abundance of misinformation about menopause
- few women realize that they can exercise any control over the effects of menopause

6.2.4 *Review of anatomy, physiology and psychology of perimenopause*

- aging, changes in hormone levels, and their influence on/manifestations in:
  - the reproductive organs (ovaries, uterus, vagina)
  - other organ systems of the body (musculo-skeletal, cardiovascular, skin)
  - normal sexual response cycle (i.e., slowed vaginal lubrication during excitement phase, diminished clitoral and labial engorgement, shorter orgasmic phase)
  - increased risk for disease (e.g., cardiovascular disease, osteoporosis, cancer, obesity and diabetes)
- factors (non-hormonal) which influence the timing of the climacteric phase and menopause (genetics, smoking, surgical menopause)
- psychological/emotional responses to the climacteric phase and menopause

6.2.5 *Health care needs of and services for women during perimenopausal years*

- education and counseling related to the perimenopausal years (see section 6.2.6 below)
- screening for:
  - reproductive cancers
  - osteoporosis
  - diabetes and heart disease
  - RTIs and STIs
- treatment, counseling and education for RTIs and STIs
- FP, including EC (see Module 3)
- maternity care (see Module 4)
- PAC (see Module 5)
- other health and social services as identified by trainers and trainees

6.2.6 *Education and counseling topics related to the health of women in middle and late life* (see Modules 1 and 2 for further detail on education and counseling)

- aging and:
  - what is normal, what is not, and what to expect
  - normal changes in the sexual response cycle
  - effects on the menstrual cycle and fertility
  - changing life roles
  - mental health hazards (e.g., smoking, alcohol and drug abuse, loneliness, depression, stress-induced illness, violence and victimization) and coping strategies
- signs and symptoms of the climacteric phase and of menopause
- need for contraception until free from menstruation for one year
  - safe contraceptive method choices for women during perimenopause (i.e., all methods, but estrogen not appropriate if the woman is 40 years of age or older and has high blood pressure, diabetes or smokes)
- postmenopausal hormone levels and their affects on:
  - body organs
  - emotions
- inappropriate treatments for perimenopausal symptoms (e.g., tranquilizers, sedatives)
- hormone therapy
  - advantages: some prevention of osteoporosis, cardiovascular disease and skin drying; treatment of hot flashes, sleep disturbances and vaginal drying
  - disadvantages: medication side effects, medication costs, psychological, i.e., menopause is "natural"
  - alternatives: traditional herbs
- prevention of STIs, including HIV/AIDS
- what can be done to promote mid- and late-life health and to prevent age-related disease, including:
  - maintain a life-style that encourages development of self-worth
  - social support systems and a degree of economic independence
  - avoid excess alcohol and smoking
  - revise eating habits to reduce or increase caloric intake as necessary; increase calcium intake and fiber; avoid excess fat, salt, caffeine and sugar intake;

include sufficient vitamin B complex and vitamin C and E foods, as necessary
  - exercise regularly, particularly weight-bearing activities (**Note:** many women will do so naturally as they engage in activities of daily living)
  - maintain regular sexual activity as desired, adjusting practices to incorporate deceleration of the sexual response cycle and other changes associated with aging (**Note:** performing Kegel exercises, using lubricants for dry vaginal tissue and exploring/communicating expectations with partner often contribute to increased sexual pleasure and satisfaction)
  - practice cancer screening regularly where accessible (i.e., self-breast examination and routine gynecologic check-ups, including cervical cancer screening)
- other topics as generated by trainers and trainees

6.2.7 *Resources in the community which may provide additional support to women during middle and late life*

- women's support groups
- educational or vocational guidance institutions
- economic institutions (e.g., credit unions, women's income generating cooperatives)
- religious organizations
- safe houses (for victims of domestic violence)
- drug abuse treatment centers
- legal services
- others identified by trainers and trainees

SKILLS

6.2 Providing RH care services that are appropriate for women during the perimenopausal years, including:

- sensitively educating and/or counseling women (individuals and/or groups) about the topics listed in section 6.2.6 in this module (see Tools 1-b, 2-a and 3-a)
- screening, treating and counseling women in the perimenopausal years for:
  - reproductive cancers
  - osteoporosis
  - diabetes and heart disease
  - RTIs and STIs

  (see tools and guidelines in *Management of Sexually Transmitted Diseases; Gynecology: Well Woman Care; Menopause and Mid-life Health; Women's Health. A Primary Care Clinical Guide*)

- providing FP methods, including EC, for women in the perimenopausal years (see Module 3)
- providing PAC for women in the perimenopausal years (see Module 5)
- providing maternity care for women in the perimenopausal years (see Module 4)
- referring women in the perimenopausal years for other health and social services not available in the provider's service site (see local or national referral guidelines)

MAJOR TASK 6.3

Detect **selected gynecological problems** (such as amenorrhea, abnormal uterine bleeding, stress incontinence, urinary tract infection (UTI), vesicovaginal fistula, ectopic pregnancy), counsel and refer women for care, as necessary.

KNOWLEDGE

6.3 Care of women (of all ages) having selected gynecological problems
(see Lichtman and Papera: *Gynecology: Well Woman Care* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide)*

6.3.1 *Definition of selected gynecological conditions* (see Glossary in User's Guide)

- amenorrhea
- abnormal uterine bleeding
- urinary stress incontinence and cystocele
- UTI
- vesicovaginal and rectovaginal fistula
- ectopic pregnancy

6.3.2 *Characteristics of each selected gynecological condition above*

- major signs and symptoms
- major causes (common etiology)
- risk factors where known, and prevention
- potential physical and potential psychological/emotional consequences to the individual

6.3.3 *Considerations when providing care to women having the above selected gynecological conditions*

- some gynecological conditions carry social stigma, are chronic, debilitating or potentially fatal
- treatment may cause significant physical, psychological or emotional discomfort
- emotional support is an essential aspect of high quality care

6.3.4 *Diagnostic steps related to the above gynecological conditions* (according to local/national RH service guidelines)

- health history

- physical examination
- laboratory tests, including their availability and costs (e.g., testing for early pregnancy and testing for UTIs using chemical reagents/dip stick method and/or urinalysis/microscopy)

6.3.5 *Treatment options and issues related to the above gynecological conditions*

- treatment options and issues (e.g., to help the client decide what can be done to improve or cure the condition through self-care and/or provider care activities)
- treatment alternatives for each, including:
  - what to expect
  - advantages and disadvantages
  - mechanisms of action
  - side effects
  - availability and costs

SKILLS

6.3 Detecting and managing selected gynecological problems, including**:**

- screening, treating/referring and counseling women for:
  - amenorrhea
  - abnormal uterine bleeding
  - urinary stress incontinence and cystocele
  - urinary tract infection (UTI)
  - vesicovaginal and rectovaginal fistula
  - ectopic pregnancy

(see *Gynecology: Well Woman Care* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide*)

- referring women for services related to above gynecological conditions not available in the provider's service site (see local or national referral guidelines)

MAJOR TASK 6.4

Provide education and counseling to individuals and groups about the consequences and prevention of **RTIs/STIs and HIV/AIDS**; and (according to local protocol) manage RTIs/STIs and HIV/AIDS, including recognition of RTIs/STIs and HIV/AIDS, counseling and treatment/referral of individuals and couples.

KNOWLEDGE

6.4 Counseling for primary prevention and care of individuals and couples with a diagnosed RTI or STI, including HIV/AIDS
(see Dixon-Mueller: *The Sexuality Connection in Reproductive Health* and *WHO: Management of Sexually Transmitted Diseases)*

6.4.1 *Definition of the following RTI and STI syndromes, including HIV/AIDS, and common direct causes, i.e., the infecting microorganisms* (see Glossary in User's Guide)

- urethral discharge
  - urethritis: chlamydia, gonorrhea
- vaginal discharge
  - mucopurulent cervicitis: chlamydia, gonorrhea
  - vaginitis: yeast/candida, bacterial vaginosis (BV), trichomonas
- genital ulcer
  - chancres and ulcers: syphilis, chancroid, granuloma inguinale, herpes simplex virus (HSV)
- bubos: lymphogranuloma venereum
- bumps and warts: human papilloma virus (HPV)/condylomata acuminata/ano-genital warts
- lower abdominal pain with abnormal vaginal discharge
  - pelvic inflammatory disease (PID): chlamydia, gonorrhea
- scrotal swelling: chlamydia, gonorrhea
- hepatitis B virus (HBV)
- human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)

6.4.2 *Characteristics of above RTI and STI syndromes, including HIV/AIDS*

- major signs and symptoms
- prevalence of asymptomatic infection

- known risk factors (including risk of infection by asymptomatic carrier)
- potential physical and potential psychological/emotional consequences to the individual
- potential physical consequences to fetus/newborn if a woman is infected with STI during pregnancy or lactation (see also Module 4: Providing Basic Maternal and Newborn Care Services)
- family planning methods which offer some protection (see Module 3: Providing FP Services)

6.4.3 *Rationale and context for counseling for primary prevention, screening and care of individuals and couples who have a diagnosed RTI or STI, including HIV/AIDS*

- estimated number/percentage of individuals suffering from RTIs and STIs, excluding HIV/AIDS, in the population
- estimated number/percentage of individuals in the population who die each year as a result of HIV/AIDS
- estimated number/percentage of newborns affected by maternal RTIs/STIs in the population
- public health surveillance for STIs, including HIV/AIDS

6.4.4 *Considerations when providing care to individuals and couples who have a diagnosed RTI or STI, including HIV/AIDS*

- counseling for primary prevention
- recognition of the signs and symptoms of RTIs/STIs and HIV/AIDS and treatment or referral of persons having RTI/STI syndromes or HIV/AIDS
- counseling persons having diagnosed RTIs/STIs, including HIV/AIDS
- notification, counseling and treatment of partners of persons having diagnosed STIs or HIV/AIDS, including all partners' partners
- consequences of re-infection in persons having STI syndromes (excluding HIV/AIDS)
- challenge of asymptomatic infections in FP/MH clients
- possibility of STI or HIV infection in partners who do not have symptoms
- importance of completing entire course of medications for RTIs/STIs, even though symptoms may resolve
- follow-up of clients and sexual contacts according to the syndromic management algorithms or local guidelines

- negotiating use of condoms (and providing condoms), especially for infected persons having intercourse during treatment of an STI
- physical comfort measures for individuals having an RTI or STI
- special precautions for pregnant women having diagnosed RTI/STI or HIV/AIDS (see Module 4: Providing Basic Maternal and Newborn Care Services)

6.4.5 *Diagnostic steps related to the listed RTI/STI syndromes, including HIV/AIDS, according to relevant local or national RH service guidelines*

- health history, including STI risk assessment (local variations)
- physical examination: skin, nodes, mouth, abdomen, genitalia, perineum and anus, bimanual and speculum (women), prostate (men)
- relevant recognition/screening/testing/investigation procedures and protocols, (i.e., STI risk assessment questionnaires, physical examination and lab tests such as microscopy, depending on availability and costs)

6.4.6 *Treatment options and issues related to the listed RTI/STI syndromes, including HIV/AIDS*

- treatment options and issues for each of the above RTIs/STIs (e.g., help the client decide what can be done to improve or cure the infection through self-care and/or provider care activities)
- treatment alternatives (curative and palliative), including:
  - what to expect
  - advantages and disadvantages
  - mechanisms of action
  - side effects
  - availability and costs
- criteria (preferred characteristics) for selection of RTI/STI drugs
  - highly effective
  - low cost
  - acceptable toxicity
  - organism resistance unlikely to develop
  - single dose
  - oral administration
  - safe for use during pregnancy and lactation

6.4.7 *Education and counseling topics related to RTIs, STIs and HIV/AIDS* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- risk for RTIs/STIs and HIV/AIDS due to behavior—both male and female
- prevalence of asymptomatic infections and risk of false confidence that unprotected sex is "safe"
- interaction among sexual beliefs and behavior, gender roles and power relations, and reproductive health/disease prevention
  - sexual partnerships, e.g., number of partners, duration of partnerships, social identity of partners, conditions of choice/coercion
  - sexual activity, e.g., number, frequency, conditions of choice/coercion
  - sexual meanings, e.g., maleness and femaleness, perceptions of partnerships, meaning of sexual acts
  - sexual drives and enjoyment, formation of sexual identities, socially conditioned sex drives, perceptions of pleasure
- sex/safer sex: negotiation and decision-making among partners
- role of alcohol and drugs in high risk sexual behavior
- RTI, STI and HIV/AIDS causes and prevention (as per national STI/AIDS control program guidelines where these exist)
- physical comfort measures for individuals having an RTI or STI, including HIV/AIDS
- role of personal hygiene in preventing or relieving discomfort related to RTIs/STIs
- maternal STIs, including HIV/AIDS and their effects on the newborn (see Module 4)
- current recommendations to women having HIV/AIDS who wish to breastfeed
- other topics as generated by trainers and trainees

SKILLS

6.4 Providing individuals and couples with care related to RTIs/STIs and HIV/AIDS (according to local protocol) including**:**

- providing education and counseling to individuals and groups about the consequences and prevention of RTIs/STIs and HIV/AIDS (adaptations of Tools 1-b and 2-a)

- teaching clients to negotiate with partners, including agreement to seek STI/RTI treatment, compliance with treatment, use of condoms, use of other family planning method as needed (adaptations of Tool 1-b)
- recognizing the signs and symptoms of RTIs/STIs and HIV/AIDS and counseling clients (see tools in *Management of Sexually Transmitted Diseases*)
- correctly treating (according to local protocol) for symptomatic RTIs/STIs, using a syndromic approach (see tools in *Management of Sexually Transmitted Diseases*)
- referring clients for services related to RTIs/STIs and HIV/AIDS that are not available at provider's site (see local or national referral guidelines)

MAJOR TASK 6.5

Provide care related to **breast cancer**, including screening, education, counseling and referral for further assessment and/or care.

KNOWLEDGE

6.5 Care related to breast cancer
(see Love and Lindsay: *Dr. Susan Love's Breast Book,* second edition)

6.5.1 *Definition of breast cancer* (see Glossary in User's Guide)

- cancer represents different diseases with one common factor, the uncontrolled growth and spread of abnormal cells
- abnormal cells invade and destroy normal tissue
- cancer cells first remain in their original site (are localized); if not treated, they may spread (metastasize) to other parts of the body
- eventually cancer may spread throughout the body and may result in death
- about 90% of breast cancers arise in the milk ducts (ductal carcinoma); 5% arise in the lobules

6.5.2 *Characteristics of breast cancer*

- major signs and symptoms
  - solitary, unilateral hard mass with poorly delineated irregular edges
  - usually non-mobile and non-tender
  - dimpling and retraction or orange peel skin
  - nipple showing unusual redness and thickening or pointing in a different direction or discharge
- major causes (i.e., cause or causes are unknown)
- known risk factors (e.g., radiation exposure)
- possible risk/associated factors (e.g., increased age, young age at menarche, at or older than age 55 years at menopause, at or older than age 30 years at first term birth, nulliparity, urban residence, previous history of breast cancer, family history of pre-menopausal breast cancer/first degree relative, history of benign breast conditions showing epithelial hyperplasia or proliferation, obesity during menopausal years, diet high in fat, stress, poverty (in industrialized countries). (**Note**: Current studies suggest that, while women who are currently using combined oral contraceptives (COCs) or have used them in the past 10 years are at a slightly increased risk of having a breast cancer diagnosed, there is **no** evidence of an increase in the risk of having breast cancer at 10 or more years after stopping use,

and the cancers diagnosed in COC users are less advanced clinically than the cancers diagnosed in never-users.)

- known protective factors (e.g., bilateral oophorectomy, high parity)
- physical consequences (i.e., can result in death if untreated)

6.5.3 *Rationale and context for care of women having breast cancer*

- estimated number/percentage of women having breast cancer in the population (higher in industrialized societies)
- estimated number/percentage of women in the population who die from breast cancer each year
- estimated number/percentage of women who receive screening for breast cancer in the population

6.5.4 *General considerations when caring for women who may be at risk for breast cancer*

- most abnormal breast findings prove to be benign conditions related to anatomic or physiologic development:
  - physiologic nodularity (i.e., exaggeration of normal tissue response of the breast to cyclic changes in ovarian hormones; most commonly between ages 35 and 50)
  - benign neoplasms (i.e., cysts, fibroadenomas, intraductile papilloma, galactocele)
  - breast inflammation/infections (e.g., mastitis)
- symptoms of many breast abnormalities do not guarantee benign condition
- a problem associated with benign conditions is diagnostic confusion with malignancies; it is wise to consider all abnormal findings as potentially cancerous until proven otherwise
- all women older than age 20 should be taught how to routinely perform monthly self-breast examination (SBE) (see Module 3, Tool 3-d, Tasks 5 and 6, for further detail on this procedure); current evidence for the life-saving benefit of SBE is not strong, perhaps because SBE is not performed consistently and correctly
  - although more than 80% of breast lumps are discovered by women themselves, many of these are large and advanced
- current recommendations regarding breast examination for the provider
  - intervals for performing breast exam
    - » every three years for women 20 to 40 years of age

    - » yearly for women more than 40 years of age
  - yearly examination may enhance detection of masses in all age groups and provides an opportunity for teaching and review of SBE
- current recommendations regarding mammographic screening for asymptomatic women, where available and affordable
  - obtain baseline mammogram between ages 35 to 39
  - obtain mammogram every 1 to 2 years between ages 40 to 49 (**Note:** controversy exists over the usefulness of routine mammography under age 50; some providers recommend annual screening for women in high risk groups as this could increase detection of early cancers)
  - obtain mammogram yearly at more than 50 years of age (**Note:** this goal is currently unattainable in the US and in most other countries.)
- benefit of a safe referral system for appropriate testing to rule out cancer, where this is possible (Screening and appropriate follow-up care is not widely available or economically feasible in many countries or settings; where resources are scarce, screening will be more appropriate if it targets women at higher risk.)
- importance of education for men to help them better support women who have or may have breast cancer

6.5.5 *Diagnostic steps related to breast cancer*

- health history, including risk assessment
- physical examination (i.e., by provider)
- relevant screening procedures and protocols, interpretation, availability and costs, where appropriate (e.g., mammography, sonography, needle aspiration, biopsy)

6.5.6 *Treatment options and resources for women at risk for/having diagnosed breast cancer*

- treatment or management depends on the results of biopsy (i.e., if positive, surgery depends on the number of tumors, their size, breast size and a womanize preference to some extent; post-surgical treatment may include radiation, chemical, hormone therapies; some women may desire re-constructive surgery where available and affordable.)

6.5.7 *Education and counseling topics related to breast cancer (*see Modules 1 and 2 for detailed information on education and counseling process and skills)

- why SBE may be important

- how and when to do SBE and what to look for
- what to do if, in during SBE, a suspicious lump is found (Remember: most lumps are benign.)
- recommendations regarding routine screening for breast cancer (e.g., what the procedure is, where it is available and what it can tell you, how it is done, when/how often it should be done, how much it costs?)

SKILLS

6.5 Providing women with care related to breast cancer including:

- educating women about how and when to perform self-breast examination (adaptations of Tools 1-b, 2-a and Tool 3-d, Task 6; see also Love and Lindsay: *Dr. Susan Love's Breast Book,* second ed.; *Gynecology: Well Woman Care;* and Youngkin and Davis: *Women's Health: A Primary Care Clinical Guide)*
- performing breast examinations to screen for breast cancer (see Tool 3-d, Task 5; see also Love and Lindsay: *Dr. Susan Love's Breast Book,* second ed.; *Gynecology: Well Woman Care;* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide)*
- sensitively counseling and referring women for suspicious findings on physical examination and/or routine screening, including mammography, where the procedure is available and affordable (see local or national referral guidelines)

MAJOR TASK 6.6

Provide care related to **cervical cancer**, including screening, education, counseling and referral for further assessment and/or care.

KNOWLEDGE

6.6 Care related to cervical cancer
(see Bright: *Cervical Cancer Prevention: Technical Information Memo Series)*

6.6.1 *Definition of cervical cancer* (see Glossary in User's Guide)

- squamous epithelium covers the vagina and portico vaginalis of the cervix
- columnar epithelium covers the endocervical canal, and in younger women around the external cervical os
- during menarche, in response to changing hormonally-induced vaginal environment (decreased pH), the squamous epithelium cells are gradually replaced by the columnar type, a process called squamous metaplasia
- over the years, the edge of the squamous columnar junction advances toward the cervical os and into the endocervical canal
- the site of squamous metaplasia is called the transformational zone
- nearly all of squamous cell cancers and their precursors develop within this transformational zone
- squamous metaplasia is most rapid during adolescence and accelerates during pregnancy
- the immature metaplastic cell is vulnerable to events that can alter the DNA component of the cell nucleus and can develop into a pre-malignant or malignant cervical lesion or cancer

6.6.2 *Characteristics of cervical cancer*

- major signs and symptoms (e.g., may be asymptomatic, cervical inflammation, friability)
- cytologic description/classification (i.e., using the Bethesda Classification System or The Bethesda System (TBS))
- physical consequences (e.g., death, if undetected or untreated; if detected, 95% success rate for treatment which may render the woman infertile)
- causes (i.e., cancerous transformation of susceptible cells of the cervical canal, due to infection by certain subtypes of human papilloma virus (HPV); it takes about 10 years for pre-cancerous lesions to develop into cancer; most cancers occur in women over the age of 35 years)

- known risk factors (i.e., having sex at an early age or having a first pregnancy at an early age (less than 20 years when cells of the cervix are changing rapidly); having many pregnancies; having sex with many different partners or with a partner who has sex with many different partners; not using a barrier method of contraception, which increases the risk of acquiring risk type of HPV; smoking; high parity)
- known protective factors (e.g., virginity, long-term celibacy, long-term mutual monogamy, long-term use of barrier methods)

6.6.3 *Rationale and context for care of women having cervical cancer*

- estimated number/percentage of women having cervical cancer in the population (local/regional statistics)
- estimated number/percentage of women in the population who die from cervical cancer each year
- estimated number/percentage of at-risk women who receive adequate, annual screening for cervical cancer in the population

6.6.4 *General considerations when caring for women who may be at risk for cervical cancer*

- squamous cell cervical cancer is the most common cancer in women in the developing world (each year half a million cases are diagnosed)
- the number of cases is likely to increase significantly over the decade as populations age, the number of HPV-infected women increase and the number of HIV-related immuno-suppression increases
- cervical cancer, untreated, is fatal: nearly a quarter million women die each year
- cervical cancer is the most preventable form of major cancer
- strategies include:
  - primary prevention: keeping women from getting the disease through education about risk factors and avoidance of high risk behaviors, including protection from partners who have multiple partners, and limiting parity to the desired number of pregnancies
  - secondary prevention: screening women who may have pre-cancerous lesions and treating them
- screening and appropriate follow-up care is not widely available or economically-feasible in many countries or settings; where resources are scarce, screening will be more appropriate if it targets women at higher risk

- for low resource settings, visual screening is under study as a means of screening for precancerous lesions
- importance of education for men to help them prevent cervical cancer by either life-long mutual monogamy or consistent condom use

6.6.5 *Diagnostic steps related to cervical cancer*

- health history, noting risk factors
- physical examination
- relevant screening procedures and protocols, interpretation, availability and costs where appropriate (e.g., Pap smear) (**Note**: The Pap smear is only useful where properly prepared and interpreted and where appropriate medical follow-up services are available. Other screening measures, such as enhanced visualization of the cervix and HPV detection are now being studied and refined.)

6.6.6 *Treatment options and resources for women at risk for/having diagnosed cervical cancer*

- treatment or management depends on results of the screening test (i.e., the type of abnormality)
- women with Pap smear (or another screening test) results showing abnormalities should be referred for further evaluation (women with Pap smear results showing squamous cell or adenocarcinoma of the cervix must be referred immediately for expert consultation with a physician experienced in managing gynecological cancers)

6.6.7 *Education and counseling topics related to cervical cancer* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- life-style factors and risk for cervical cancer (in many cultures, a monogamous woman's most important risk factor is the number of past sexual partners her husband has had)
- ways to prevent cervical cancer through changes in behavior (e.g., practicing safe sex; contraception and use of barrier methods; avoiding sex at an early age; having the desired number of children; not smoking)
- screening for cervical cancer (e.g., what it is and what it can tell you, how it is done, when/how often it should be done, how much it costs?)

SKILLS

6.6 Providing women with care related to cervical cancer:

- educating and counseling women about cervical cancer prevention (adaptations of Tools 1-b and 2-a; see also section 6.6.7 in this module)
- screening, counseling and/or referring women for cervical cancer care (see *Gynecology: Well Woman Care;* Varney: *Varney's Midwifery*, 3rd. ed.; Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide;* and local or national referral guidelines)

MAJOR TASK 6.7

Provide care related to **infertility**, including screening, education, counseling and referral for further assessment and/or care.

KNOWLEDGE

6.7 Care related to infertility

6.7.1 *Definition of infertility* (see Glossary in User's Guide)

- the inability to achieve pregnancy after one year of trying to do so when the partners are having sex without contraception
- types
  - primary infertility: one or both individuals of couple have never achieved pregnancy
  - secondary infertility: one or both individuals of a couple have previously achieved pregnancy, even (for the female) if it ended in spontaneous abortion

6.7.2 *Characteristics of infertility*

- requirements for fertility (e.g., normally functioning reproductive hormones and organs, adequate number of healthy sperm, frequent intercourse during the womanize fertile period, absence of infection, absence of anatomical abnormality such as cervical stenosis or tubal adhesions)
- causative factors in infertility (e.g., aging–decline in ovarian and uterine function, increase in miscarriages, increase in reproductive tract diseases such as endometriosis; STIs; exposure to occupational and environmental hazards such as chemicals, radiation, heat, alcohol and drug abuse)
- potential physical and potential psychological/emotional consequences of infertility

6.7.3 *Rationale and context for care of couples who may be infertile*

- estimated number/percentage of infertile individuals in the population
- leading preventable cause of infertility in the population: prior STI exposure with consequent scarring (in women, of fallopian tubes; in men, of epididymus)
- other causes of infertility include environmental exposures, trauma, non-STI infections, and endometriosis (for women)

6.7.4 *Considerations when caring for individuals and couples who may be infertile*

- infertility
  - can cause damage to an individual's self esteem, body image, masculinity/ femininity and sexual relations
  - creates strain in any couple's relationship but may not affect both partners at the same time
- coping strategies
  - prior coping strategies may not be effective, partners may withdraw to avoid uncomfortable sharing, family and friends may recognize a couple's needs but not know how to support
  - couples need to grieve to overcome loss in a positive manner
  - significance of secondary infertility (e.g., guilt, pressure to conceive quickly)
  - accessing individual, group or sexual therapy, or encouraging couples to use support services, where available and desired
- need for evaluation that is couple-oriented, systematic, thorough and completed in a reasonable amount of time
- potentially infertile individual or couple experiencing grief should be approached with sensitivity, accurate and thorough information, including explaining the results of all investigations and their implications, as well as information regarding further investigations to determine cause(s) of infertility
- physical, emotional, ethical, legal, religious and financial concerns related to treatment
- assistance in exploring alternatives ways of parenting; or alternatives to parenting

6.7.5 *Diagnostic steps related to infertility*

- health history
  - female: age, duration of amenorrhea if present, obstetric and gynecologic history, time to conceive previous pregnancies, menstrual cycle pattern, contraceptive history, symptoms of ovulation, symptoms of dysmenorrhea, history of endocrine disease, history of STIs
  - male: abnormalities of development, infections such as known mumps or STIs, symptoms of sexual dysfunction
  - both: frequency and timing of coitus, alcohol or drug use

- physical examination to determine presence or absence of anatomical abnormality or infection or endocrine disorder
- additional investigation procedures and protocols, their availability and costs, where appropriate, available and affordable (e.g., semen analysis; ascertaining ovulation by having woman maintain record of changes in cervical mucus and basal body temperature (BBT), postcoital test, hystero-salpingogram, endometrial biopsy, laparoscopy)

6.7.6 *Treatment options and resources for individuals and couples who may be/have been diagnosed as infertile*

- gynecological services (i.e., diagnostic)
- services which offer therapeutic insemination and assisted reproductive technologies, as available and affordable (e.g., artificial insemination–husband or donor, intrauterine insemination, in vitro fertilization and surrogate motherhood)
- support groups for infertile individuals/couples
- sexual therapy groups where dysfunction is present
- adoption agencies
- other resources identified by trainers and trainees

6.7.7 *Education and counseling topics related to infertility* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- what are primary and secondary infertility
- causes of infertility in women and men
- STIs and infertility (**Note:** most cases of pelvic inflammatory disease (PID) due to chlamydia which result in infertility are "silent," i.e., asymptomatic)
- requirements for fertility in women and men, conditions necessary for fertilization
- fertility awareness methods and how to apply these to increase the likelihood of conception
- frequency/timing of intercourse in relation to the potential for conception
- selected investigations for infertility in women and men, what to expect, their availability and costs, what they mean
- treatment alternatives, including what to expect, the advantages, disadvantages (e.g., there is no guarantee of fertility), availability and costs
- self image and identity issues associated with the absence or loss of fertility

- adoption as an alternative as per local or national laws and resources for adoption
- local myths about infertility
- influence of local practices on fertility (e.g., cleaning out sperm (douching) after sexual intercourse)
- other topics as generated by trainers and trainees

SKILLS

6.7 Providing women and couples with care related to infertility including**:**

- conducting history and physical examinations as initial investigations for potential infertility (see parts of Tools 3-b and 3-d; *Gynecology: Well Woman Care;* and Youngkin and Davis: *Women's Health. A Primary Care Clinical Guide*)
- sensitively educating and counseling potentially infertile couples about the topics listed in section 6.7.7 in this module (adaptations of Tools 1-b and 2-a; see also *Gynecology: Well Woman Care* and Youngkin and Davis: *Women's Health: A Primary Care Clinical Guide*)
- referring potentially infertile couples for services not available in the provider's site (see local or national referral guidelines)

MAJOR TASK 6.8

Provide RH education, counseling and care, including referral, to **preconceptional clients** in order to enhance their ability to have a healthy pregnancy in the future.

KNOWLEDGE

6.8 Care for preconceptional clients

(see Varney: *Varney's Midwifery*, third edition)

6.8.1 *Definition of preconceptional care*

- health care prior to conception
- preconceptional care can be provided to women/couples of childbearing age who are not pregnant but are preparing for their first or subsequent pregnancies, e.g., a young adult who is engaged to be married; a newly married couple; a woman whose toddler has been fully weaned

6.8.2 *Goal and benefits of preconceptional care*

- goal is to facilitate the efforts of a woman to be healthy before she becomes pregnant so that she has a greater chance of having a healthy baby
- benefits of preconceptional care include:
  - possible identification of medical illness (e.g., diabetes mellitus, hypertension, sickle cell disease)
  - assessment of a woman's or a couple's risk for passing on known genetic diseases to their children
  - assessment of other potential risks, including age, parity, and birth interval
  - health habits (of woman or her partner) which might negatively affect a fetus and which might be corrected before conception (behavioral risk for STIs/HIV/AIDS, drug abuse, smoking)
  - discussion of exposure to workplace and environmental hazards
  - assessment of psychological, financial, and life goals (education, career, family)
  - assessment of a woman's and/or couple's readiness for childbearing (including identification of domestic violence)
- opportunity to either eliminate the risk(s) or take measures to minimize its/their impact on a future pregnancy
- opportunity for a woman/couple to make informed decisions about their childbearing

6.8.3 *Assessment for preconceptional care: comprehensive history and physical examination, appropriate and available laboratory and other tests to identify the need for:*

- HIV testing/counseling
- discussion of/treatment for substance abuse (e.g., tobacco, alcohol, prescription medications and illicit drugs)
- counseling/treatment for STIs
- treatment of any medical illness
- treatment/referral as needed for any psychological or emotional illness
- self-evaluation of life-style, coping skills and stress reduction
- psychological, social, economic support in the presence of homelessness, domestic violence, lack of personal resources
- nutritional counseling in presence of malnutrition (e.g., obesity or underweight); psychological counseling as needed for eating disorders (e.g., pica, anorexia, bulimia)
- vitamin supplementation, particularly folic acid (and iron if anemia present)
- sufficient physical activity or over burden/overwork
- occupational and environmental hazards (e.g., exposure to toxins at home and in workplace)
- immunizations (particularly tetanus toxoid)
- genetic screening based on ethnicity, family history, or poor obstetric history (e.g., a pattern of fetal loss, disease or abnormality)
- for women who have been circumcised, information about the implications for childbearing; counseling and information on repair options
- family planning method that is acceptable according to the woman's/couple's childbearing plans
- involvement of father-to-be
- readiness for childbearing

6.8.4 *Preconceptional counseling and education*

- discussion of the woman's/couple's psychological readiness to bear and raise children, including:
  - rationale for childbearing
  - health advantage (to mother and child) of delaying first birth until woman is at least 18, and health advantage of spacing subsequent pregnancies at least 2 years apart

  - stability of the woman and/or couple emotionally and financially
  - expectations about the experience of childbearing and parenting
  - timing of childbearing in relation to life goals
  - presence of stresses which might affect adjustment to childbearing and parenting
  - presence of health habits which might affect future health and childbearing
  - presence of risks for or health conditions and/or treatments which might affect future childbearing
  - presence of home, workplace and other environmental hazards to health and future childbearing
- education about how and when in a woman's menstrual cycle she can get pregnant, and the processes of pregnancy and birth
- education about the woman's body and how to best care for it to prepare for safe childbearing
- education and counseling about the history and physical assessment findings

6.8.5 *Management of identified health problems according to local/national service guidelines, including referral for services not available at provider's site*

6.8.6 *Community resources for additional support to women and/or couples for preconceptional care*

- mental health centers
- genetic counseling centers
- drug treatment programs
- support groups for women
- safe houses
- economic institutions
- parenting skills training programs
- HIV/AIDS prevention/education programs
- others identified by trainers and trainees

SKILLS

6.8 Providing preconceptional care women and/or couples including**:**

- screening for general reproductive health (adaptations of Tools 3-b, 3-d and 3-e)
- educating and/or counseling on problems and behaviors that may positively or negatively affect their ability to have a healthy pregnancy in the future (adaptations of Tools 1-b and 2-a; see sections 6.8.2 and 6.8.3 in this module)
- providing RH services, as appropriate (see Modules 3, 4, 5 and this module)
- referring for services not available in the provider's site (see local or national referral guidelines)

MAJOR TASK 6.9

Detect, support, treat and/or refer young girls and women for complications of **female circumcision**, as appropriate to the situation, and sensitively provide education and/or counseling to young girls and their parents about the potential health consequences of female circumcision.

KNOWLEDGE

6.9 Care of young girls and women who may be/have been circumcised, and prevention of female circumcision

6.9.1 *Definition and types of female circumcision* (see Glossary in User's Guide)

- traditional practice of cutting off parts of a young girl or womanize external genitalia and (among some cultural groups) of sewing or stitching together the edges of the labia majora

6.9.2 *Characteristics (types) of female circumcision*

- types of female circumcision include:
  - clitoridectomy (Type I), the partial or total removal of the clitoris
  - excision (Type II), removal of the clitoris, partial or total removal of the labia minora and labia majora, without closing the vulva
  - infibulation (Type III), removal of the clitoris, the labia minora and most of the labia majora, stitching together the wound edges of the labia majora creating a smooth flat hairless surface. A small opening is left to allow passage of urine and menstrual fluids.
  - re-infibulation (Type IV), the repeat process of infibulation after childbirth

6.9.3 *Rationale and context for care of young girls and women who have been circumcised*

- estimated prevalence of female circumcision in the population
- local meaning/significance of the practice of circumcision
- typical age of circumcision in the population
- national public health policy on the practice of circumcision, if this exists
- international consensus on the need for eliminating the practice of female circumcision (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time)*

6.9.4 *Considerations when providing care to young girls and women who may be/have been circumcised*

- influence of strong cultural values attached to female circumcision, the term much preferred over female genital mutilation by those who practice it
- local historical and cultural significance of the practice. These may include any of the following beliefs:
  - rite of passage to womanhood
  - increases marriage opportunities
  - promotes genital area cleanliness
  - preserves virginity and therefore purity
  - decreases sexual desire for females and therefore prevents promiscuity and prostitution
  - increases sexual pleasure for males
  - other as identified by trainers and trainees
- female circumcision as a means of controlling a young girl's or womanize sexuality
- reduction and ultimately elimination of this harmful practice requires knowledge of both its local meanings/significance and substitution of other (safe) coming-of-age rituals
- potential physical and potential psychological/emotional complications of female circumcision, including:
  - extreme pain
  - shock
  - hemorrhage
  - infection from unhygienic procedure
  - RTI related to difficulty in maintaining genital hygiene
  - UTI related to difficulty in passing urine
  - fear, pain and difficulty having intercourse
  - scarring and obstruction leading to complications of childbirth for fetus and woman
  - male partner anxiety over womanize pain and possible trauma and bleeding during intercourse or childbirth
- education and counseling must be engaged in a non-judgmental and respectful manner that is conducive to changing beliefs and behavior

6.9.5 *Detection and management of complications related to circumcision*

- detection, support and/or referral for complications related directly or indirectly to the procedure (e.g., emotional support, treatment and/or referral of acute injuries or infections, depending on severity of complications)
- initial management, support and/or referral for complications occurring during childbirth, such as obstructed labor and perineal trauma (see Module 4: Providing Basic Maternal and Newborn Care Services)

6.9.6 *Education and counseling topics related to female circumcision* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- exploring facts and myths about circumcision
- exploring local cultural significance of circumcision
- circumcision as a way of controlling a womanize sexuality
- decision-making about circumcision (e.g., for both parents of uncircumcised girls, urge against circumcision of any type)
- exploring alternative ceremonies or rites of passage
- genital hygiene and perineal care for circumcised girls and women
- health consequences of circumcision
- appropriate FP methods for circumcised women
- what to expect prior to, during and after labor and birth with regard to circumcision/repair
- recognition of signs and symptoms of complications related to circumcision
- treatment of complications related to circumcision
- other topics as generated by trainers and trainees

6.9.7 *Approaches for reducing female circumcision in the long run*

- working as a team with circumcised women and persons who perform circumcision to educate others on the consequences of and alternatives to circumcision while continuing to counsel girls on maturation to adulthood and other topics in reproductive health
- working with non-governmental organizations (NGOs) to establish continuing education for circumcised girls
- soliciting help of men to influence change about circumcision
- other approaches generated by trainers and trainees

SKILLS

6.9 Providing young girls and women with care related to female circumcision including**:**

- detecting and managing complications, e.g., acute injuries or infections, obstructed labor, etc., related to female circumcision (see Module 3, Tool 3-b: Conducting the RH history; Module 4, parts of Tool 4-a: Conducting an initial antepartum visit, Tool 4-b: Conducting an antepartum follow-up visit, Tool 4-c: Screening for labor, and Tool 4-d: Monitoring labor using the partograph)
- sensitively and accurately educating and/or counseling young girls and their parents, and other community members, about potential health consequences of female circumcision (adaptations of Tools 1-b and 2-a; see sections 6.9.6 and 6.9.7 in this module)
- referring, as appropriate, for services related to female circumcision not available in provider's site (see local or national referral guidelines)

MAJOR TASK 6.10

Detect, support, treat and/or refer women who are victims of **domestic violence**, as appropriate to the situation, and provide education and counseling to young girls, women and others about domestic violence.

KNOWLEDGE

6.10 Care of young girls and women who may be/have been victims of domestic violence (see Paluzzi and Quimby: *Domestic Violence Education*)

6.10.1 *Definition of domestic violence* (see Glossary in User's Guide)

- domestic violence against women is physical, sexual and/or emotional abuse by an intimate partner or relative (**Note:** domestic violence against men also occurs but is less common and is not covered here)
- common and often socially-sanctioned by gender roles, so that it is very hard to define or even recognize, for example:
  - a woman is a victim of **physical abuse** if she has been hit, shoved, slapped, bitten, kicked, choked, cut, unwillingly restrained, locked out of or locked in the house, refused help when sick or injured, refused help when pregnant, prevented from seeking medical care, abandoned in

dangerous places, kept from friends and family, refused food or other necessary items, etc.

- a woman is a victim of **sexual abuse** if she has been: treated as a sex object, forced to strip unwillingly, forced to have sex unwillingly with the partner or someone else, raped, accused of having sex with someone else, sold or forced into early marriage, exploited for child sex, etc.
- a woman is a victim of **emotional abuse** if she has been ridiculed, humiliated, insulted, continually criticized, isolated from friends and family, kept from working or having access to resources, threatened or her children have been threatened or harmed, manipulated with lies, kept from decision-making about her life or her young children's lives, punished by withholding approval or affection, traded for material goods, etc.

6.10.2 *Characteristics of domestic violence*

- possible signs and symptoms:
  - drug abuse
  - chronic headache, anxiety, depression
  - suicide attempts
  - vague reports of injuries; injuries in various stages of healing; injury patterns or repetitions
  - repeated accidents
  - unexplained bruising
  - repeated miscarriages or bouts with STIs
  - pregnancy complications such as inadequate weight gain, intermittent prenatal care, pre-term labor and low birth weight
- possible direct causes:
  - jealousy, anger, depression, lack or loss of control, or sense of powerlessness on the part of abusing partner
  - it is currently thought that violent behavior is learned behavior
- possible risk factors:
  - there is no personality or life experience profile that have been identified which can predict whether a woman will experience violence in her intimate relationship
  - abused women are included in every cultural, ethnic, social, economic, educational and age grouping
- potential physical and potential psychological/emotional consequences:

  - denial, disbelief, shock
  - embarrassment, humiliation
  - responsibility, self blame, guilt
  - disorganization, confusion
  - stress, anxiety
  - depression
  - anger
  - fear
  - powerlessness, vulnerability
  - weakened self-esteem and social isolation

6.10.3 *Rationale and context for care of young girls and women who are victims of domestic violence*

- perception and definition of domestic violence among the population groups of interest
- estimated prevalence domestic violence in the population
- national public health policy on domestic violence, if this exists
- local and national laws regarding domestic violence, if these exist
- international consensus on the need for eliminating domestic violence (see Germaine: *The Cairo Consensus: The Right Agenda for the Right Time*)

6.10.4 *Considerations when providing care to young girls and women who may be/are victims of domestic violence* (**Note:** Domestic violence education and prevention may take some time to integrate into health care practice. The dimensions of the problem and its impact on women's health and well-being make it crucial to include in the provision of care):

- domestic violence is:
  - controlling, dehumanizing, always traumatic and potentially fatal
  - a major concern for a large number of women of all societies
- protection against domestic violence is a basic human right
- local cultural norms surround domestic violence (e.g., gender roles and power relations) and are important to understand (and affect perception of what constitutes domestic violence)
- a critical first step is breaking the silence about domestic violence
- reasons a young girl or woman may stay in an abusive situation

  - hope that partner will reform
  - no place to go
  - fear of reprisal
  - lack of resources and economic dependence
  - fear of living alone; stigma of being single or divorced
  - children may make it difficult to find safe alternative housing
  - commitment to partner/relationship
  - feel responsible/at fault
  - no clear choice about the relative advantages and disadvantages of staying or leaving
- importance of:
  - sensitive counseling skills, especially responding to clients' non-verbal communication or silence, and carefully probing without pushing for information
  - integrating screening for possible domestic violence into every RH health history and physical examination
  - conducting a safety assessment any time abuse is suspected or detected
  - knowing the warning signs of physical abuse
  - recognizing sexual and emotional abuse as devastating aspects of abuse with or without physical beatings
  - thoroughly examining a young girl or woman using an assessment form for consistency when domestic violence is suspected or reported
  - comparing/noting any discrepancies in current and previous findings from history and examination and documenting completely and accurately to provide the best health care and for legal proceedings should these occur (**Note:** Providers should be aware of potential risks to self/client in these regards.)
  - utilizing available local networks and resources for assisting women who are victims of domestic violence, including safe housing and legal assistance, where possible and acceptable
  - assuring privacy or confidentiality of the domestic violence within the health site; cooperate only with legal persons or social workers, if applicable

6.10.5 *Detection and management of care for young girls and women who are victims of domestic violence*

- initial management, support and referral for this life-threatening circumstance (e.g., emotional support and validation of the experience, assurance of confidentiality, accurate and comprehensive treatment of or referral of acute physical injuries)
- emphasizing that no one deserves to be beaten or to be blamed for being sexually-abused, that domestic violence is a crime punishable by law, that it is a womanize inherent right to not be beaten or abused
- obtaining information regarding children (if any) in the household, including an assessment for their current or potential danger
- helping a woman develop a strategy for the future in order to regain a sense of control over her life
- offering the opportunity to receive counseling from a qualified professional who specializes in working with abused women, where available
- supporting a womanize choice to leave or stay in an abusive situation
- offering protection through local resources, where available, and assisting the woman to seek shelter if this is her choice
- providing emergency contacts (e.g., names, phone numbers, addresses)
- assisting in creating an emergency plan of action (e.g., keeping spare cash, a change of clothing and important documents in a safe place) if possible
- informing of the potential for re-assault for victims who leave their abuser
- providing accurate and complete documentation for health care and for legal protection in the event of future legal proceedings (**Note:** providers should be aware of potential risks to self and to the woman.)
- reporting domestic violence where mandated by law (**Note:** providers should be aware of potential risks to self and to the woman.)
- assisting the womanize partner to find treatment, where available and partner is willing, on the premise that domestic violence is learned behavior

6.10.6 *Topics to cover during an education or counseling session* (see Modules 1 and 2 for detailed information on education and counseling process and skills)

- significance of breaking the silence surrounding domestic violence
- facts and myths about violence against women
- local incidence and prevalence of violence against women
- social and cultural contexts of abuse by intimate partners
- impact of violence and sexual abuse on:
  - the health and well-being of women

  - the work lives of women
  - a pregnant woman and fetus and/or children living in the household
- self assessment of physical safety (i.e., of the woman and of any children in the home)
- problem-solving about whether to stay or leave an abusive relationship
- local resources (e.g., friends, safe havens/houses or shelters)
- other topics as generated by trainers and trainees

6.10.7 *Tips to remember when domestic violence is suspected*

- use counseling skills to help initiate and maintain a discussion
- ask questions
  - **any** time abuse is suspected
  - in different ways since not all will respond to the same kind of questioning
- give the woman sufficient time to respond, as needed (i.e., a woman may not respond upon initial questioning)
- maintain eye contact if culturally appropriate
- most victims are filled with fear and shame; the most helpful response to revelation of abuse is empathetic concern
- assume that any woman or young girl can be a victim of abuse
- victims are more than objects of abuse; they are survivors

6.10.8 *Resources in the community which may provide additional support to young girls and women who are victims of domestic violence*

- family/friends of victims
- women's support groups
- domestic violence networks
- safe houses (i.e., unmarked shelters to which abused women can flee with their children)
- legal services
- educational or vocational guidance institutions (e.g., for women who choose to leave, as appropriate and requested)
- economic institutions (e.g., credit unions, women's income-generating cooperatives for women who choose to leave, as appropriate and requested)
- others identified by trainers and trainees

SKILLS

6.10 Providing young girls or women with care related to domestic violence including**:**

- conducting a safety assessment of a woman who is a victim of domestic violence (see tools in *Domestic Violence Education*)
- sensitively counseling a woman who is or may be a victim of domestic violence (adaptation of Tool 1-b)
- referring, as appropriate, for services related to domestic violence not available in provider's site (see local or national referral guidelines)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 30 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide selected RH services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 2, 6, 11 and 18) and those that require the trainee to apply knowledge or solve a problem which they will likely encounter on the job (for example, questions 7 and 12). These 30 questions do not cover all of the knowledge in Module 6. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if the statement is FALSE.

   The persons described fit the social and biologic definition of ADOLESCENT.

   a. An 8-year old female who is responsible for the care of a younger sister. She has not had a menstrual period yet. T/F
   b. A 15-year old male who has developed secondary sexual characteristics. T/F
   c. A 19-year old male who works as a teacher and supports his wife and child. T/F
   d. A 14-year old female who has just had her first menstrual period. T/F

2. List three health risks of early sexual activity.

   a. _____
   b. _____
   c. _____

3. R. is a 12-year old female who comes for health care. She states: "I am worried that I have not had a menstrual period yet. Most of my classmates have started their periods already. Am I normal?" Complete the health care provider's answer: "The beginning of menstruation is just one change that occurs as you become a mature woman. It happens at different ages. Perhaps you have noticed other changes that indicate you are maturing, such as:" (List three changes.)

   a. _____
   b. _____
   c. _____

4. S. is a 15-year old male who comes for health care. He states: "I am worried that most of my friends have “wet dreams” and this has not happened to me. Am I normal?" Complete the health care provider's response: "What you are describing is called nocturnal emissions, which normally occur as you become a mature man. They begin to occur at different ages. Perhaps you have noticed other changes that indicate you are maturing, such as:” (List three changes.)

   a. _____

   b. _____

   c. _____

5. Check (√) the correct answer(s).

   Ts parents tell you they are concerned because they have learned that T., age 16, has had unprotected sexual intercourse with several females. You want to change T.'s behavior and encourage him to adopt safe sex practices. Which of the following plans is most likely to be effective with this adolescent?

   a. Include T. in a group of boys discussing sexuality and sexually transmitted infections. ( )

   b. Tell T. to come with his parents to talk about sexually transmitted infections. ( )

   c. Give T. a warning about infections and advise him to always use condoms. ( )

   d. Provide T. with information about sexually transmitted infections. ( )

6. Check (√) the correct answer.

   Levels of estrogen and progesterone in the womanize body BEGIN to decrease:

   a. years before the menstrual cycles stop ( )

   b. at the time menstrual cycles become irregular ( )

   c. after menstrual periods have stopped ( )

   d. after age 60 ( )

7. Mrs. P., age 52, tells you she has not had a menstrual period in two years and she no longer needs health care because she will not be having babies. You disagree with her statement, because she is now at increased risk for the following health problems: (List 3.)

a. _____

b. _____

   c. _____

8. Check (√) the correct answers(s).

   In further discussion Mrs. P. who is in the postmenopause period, tells you she is feeling worthless because she can no longer produce children. To promote better health for this woman you would:

   a. suggest she get a prescription for tranquilizers ( )
   b. point out her worth to her family and community as an experienced mother ( )
   c. suggest she consider employment or volunteer work ( )
   d. suggest she ask her children to care for her ( )

9. Mrs. P. comes back to tell you she has organized her neighbors to provide child care services in the neighborhood. Her grown children do not approve. They tell her she should be resting because of her age. Describe the health promotion principles for the postmenopausal years that you would discuss with Mrs. P. by writing one message in each of the following areas.

   a. diet _____
   b. exercise_____
   c. sexual activity_____

10. Women seeking reproductive health services present with a variety of complaints. For each of the patient symptoms listed choose the health problem(s) that must be considered and investigated. Health problems are represented by the following letters. MORE THAN ONE LETTER MAY BE USED FOR EACH ANSWER.

    U = urinary tract infection
    S = sexually transmitted infection
    E = ectopic pregnancy
    P = pregnancy

    a. low abdominal or pelvic pain: _____
    b. painful urination: _____
    c. amenorrhea: _____

11. Check (√) the correct answer.

    A history of past reproductive tract infection places a woman at increased risk for:

    a. vesicovaginal fistula ( )
    b. ectopic pregnancy ( )
    c. cystocele ( )
    d. multiple pregnancy ( )

12. Check (√) the correct answers(s).

Mrs. X., a 24-year old woman, comes for care complaining of secondary amenorrhea for three months. When taking her history, what three questions from the list below will help determine the cause of her symptom?

a. At what age did your mother have menopause? ( )
b. Are you breastfeeding? ( )
c. What contraception are you using? ( )
d. How long do your menstrual periods usually last? ( )
e. When was your last pregnancy completed? ( )

13. Check (√) the correct answer.

Select the **first** diagnostic examination you would obtain for Mrs. X. who complains of secondary amenorrhea for 3 months. (See question 12).

a. HIV test ( )
b. thyroid function test ( )
c. test for sexually transmitted infections ( )
d. pregnancy test ( )

14. Check (√) the correct answer.

Urethral discharge and scrotal swelling are symptoms associated with the following sexually transmitted infection:

a. hepatitis B ( )
b. human papilloma virus (HPV) ( )
c. syphilis ( )
d. gonorrhea. ( )

15. Check (√) the correct answer(s).

Increased vaginal discharge is a symptom associated with the following infection(s):

a. chlamydia ( )
b. yeast infection ( )
c. gonorrhea ( )
d. all the above ( )

16. G. is a 16-year old male who is receiving treatment for chlamydia infection. In counseling you find that he does not use condoms and seems unconcerned about the diagnosis. He states: "The medication will cure this disease, so there is nothing more to worry about."

    List two additional health risks for G. if he continues the described behavior.

    a._____

    b._____

17. Check (√) the correct response(s).

    G. is receiving treatment for a chlamydia infection of the genital tract. He tells you: "My sexual partner has no symptoms, so she does not need an examination or medication."

    a. You are right. Without symptoms, there is no infection. ( )

    b. A person may be infected and not have symptoms. ( )

    c. If you are infected your partner is most likely infected. ( )

    d. Your partner must also be treated for chlamydia. ( )

18. List two sexually transmitted infections that may be passed from mother to fetus.

    a._____

    b._____

19. Check (√) the correct answer(s).

    Factors that are associated with increased risk of breast cancer are:

    a. age over 50 years ( )

    b. giving birth to more than 4 children ( )

    c. a diet high in fat ( )

    d. onset of menstrual cycles at young age ( )

20. L. is a 36-year old mother of three children. She is not pregnant and is not breastfeeding. On physical examination, a 2 centimeter firm mass is found in the left upper quadrant of the left breast. There is no nipple discharge, and no skin dimpling. The mass is painless. The remainder of the breast exam is normal and there are no palpable axillary nodes. Check (√) the appropriate option(s) for management of this woman's care.

    a. "Surgery is necessary to prevent spread to your whole body." ( )

    b. "This may be a harmless finding, but I suggest an examination by an expert." ( )

    c. "You are not in the age group that cancer strikes, so just watch this monthly." ( )

    d. "This does not have the characteristics of cancer. Return if it gets bigger." ( )

21. Check (√) the correct answer(s).

    Factors which increase a womanize risk for cancer of the cervix are:

    a. beginning sexual activity at an early age ( )
    b. multiple pregnancies ( )
    c. not using barrier methods of contraception ( )
    d. many sexual partners ( )

22. You have advised Mrs. E. to have a Pap smear. She is 38 years old and smokes cigarettes. She responds: "Why should I have this test? If I have cancer of the cervix, I will just die anyway."

    Write two reasons Mrs. E. or any woman, may benefit from Pap screening.

    a. _____
    b. _____

23. The following individuals are infertile. For each description, state if the infertility is primary or secondary. Place the letter of your answer in the space provided, using **P** for primary infertility and **S** for secondary infertility.

    a. a 20-year old woman with a history of a spontaneous miscarriage two years ago. _____
    b. a 44-year old man. He has a 20-year old son by his first wife. _____
    c. an 18-year old woman who has never been pregnant. _____

24. Check (√) the correct answer(s).

    Mr. Z., a 44-year old man, married for four years, brings his 22-year old wife for treatment of infertility. Because he has a 20-year old son by his first wife, he believes the inability to conceive is the problem of his wife. In discussing infertility with this couple, you point out that either or both partners may be affected by health problems that prevent pregnancy. From the following list choose the factors that are possible causes of infertility in this couple.

    a. history of reproductive tract infection ( )
    b. exposure to toxins ( )
    c. alcohol abuse ( )
    d. difference in ages ( )

25. Check (√) the correct answer(s).

    Preconceptional care includes:

    a. detecting fetal sex ( )
    b. treating active infections ( )
    c. promoting good nutrition ( )
    d. detecting medical illness ( )

26. You have been asked to talk with a group of young women about preconceptional health. The group's question is: "How can a woman increase her chances of having a healthy pregnancy?"

    List four instructions you would include in this talk.

    a. _____
    b. _____
    c. _____
    d. _____

27. Circle the correct answer.

    Removal of the clitoris, part or all of the labia minora and labia majora and leaving the vulva open describes a type of female circumcision called:

    a. clitoridectomy
    b. excision
    c. infibulation
    d. sterilization

28. Check (√) the correct response(s).

    A mother comes to you for counseling. She tells you that she was circumcised as a young child. She has a new daughter and wants to do what is right for her child. Choose the response(s) that would encourage thoughtful discussion of female circumcision with this mother.

    a. You are not a good parent if you circumcise your child. ( )
    b. Tell me what you and your family believe about circumcision of girls. ( )
    c. You are not a good parent if you leave the teachings of your family, and do not circumcise the child. ( )
    d. How do you think circumcision affects a girl sexually? ( )

29. Check (√) the correct response(s).

    Which of the following women should be screened for domestic violence?

    a. A 16-year old making her first visit. She wants birth control pills. ( )

    b. A 22-year old seeking antenatal care. ( )

    c. A 24-year old with two children comes with symptoms of a sexually transmitted infection. ( )

    d. A 50-year old with symptoms of menopause. ( )

30. Mrs. V. comes for health care because of a broken jaw. She has many bruises on her face and arms. She admits to you that she has been physically abused by her male partner for a three year period. Her parents and a sister live in a distant city.

    Give three reasons that women do not leave an abusive partner.

    a. _____

    b. _____

    c. _____

Answer Sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (4 points)

a. F
b. T
c. F
d. T

Question No. 2 (3 points)

The answer must include three of the following:

- pregnancy
- STI
- cancer of the cervix
- HIV/AIDS
- emotional/ psychological trauma

Question No. 3 (3 points)

The answer must include three of the following:

- enlarged breasts
- axillary hair
- pubic hair
- broadened hips
- interest in the opposite sex

Question No. 4 (3 points)

The answer must include three of the following:

- deepened voice
- growth of facial hair
- enlarged penis
- enlarged scrotum
- growth of pubic hair
- broadening of the chest
- interest in the opposite sex

Question No. 5 (2 points)

a
d

Question No. 6 (1 point)

a

Question No. 7 (3 points)

The answer must include three of the following:

- heart disease
- osteoporosis
- cancer
- diabetes

Question No. 8 (2 points)

b
c

Question No. 9 (3 points)

The answer must include one item in each of the following topics:

a. Diet:
increase fiber, increase calcium, avoid excess fat, salt, caffeine and sugar, include sufficient vitamin B, C, E sources.

b. Exercise:
regular exercise needed, weight-bearing exercise is important, activities of daily living provide exercise.

c. Sexual activity:
maintain sexual activity as desired, adjust practices to accommodate slowed response, use lubricant to overcome dryness, protect self against STIs, AIDS as needed.

Question No. 10 (8 points)

a. U, S, E, P
b. U, S
c. E, P

Question No. 11 (1 point)

b

Question No. 12 (3 points)

This question assesses the application of knowledge and ability to prioritize. The correct responses demonstrate an understanding of the **most common** causes of amenorrhea: pregnancy, recent pregnancy, lactation, and contraceptive use.

b
c
e

Question No. 13 (1 point)

d

Question No. 14 (1 point)

d

Question No. 15 (1 point)

d

Question No. 16 (2 points)

The answer must include two of the following:

- infection with HIV, other STIs
- re-infection with chlamydia from failure to treat current partner
- future infertility
- infection of future sexual partners

Question No. 17 (3 points)

b
c
d

Question No. 18 (2 points)

The answer must include two of the following:

- HIV
- syphilis
- Hepatitis B
- herpes simplex virus (HSV)

Note: gonorrhea and HPV may infect the neonate after passage through the birth canal, but do not infect the fetus while in utero, so technically this is not a correct answer.

Question No. 19 (2 points)

a
c

Question No. 20 (2 points)

b
c

Question No. 21 (4 points)

a
c
d
e

Question No. 22 (2 points)

The answer must include two of the following:

- Pre-cancerous lesions detected by Pap smear are curable in 95% of cases.
- It takes many years for a precancerous lesion to develop into cancer.
- Death is the result of undetected cancer.
- Because you smoke cigarettes you are at a higher risk of cervical cancer, and if cancer is detected early, it is treatable.

Question No. 23 (3 points)

a. S
b. S
c. P

Question No. 24 (3 points)

a
b
c

Question No. 25 (3 points)

b
c
d

Question No. 26 (4 points)

The answer must include four of the following:

- avoid alcohol
- avoid smoking
- avoid use of drugs (social/ recreational drugs and certain medications)
- include iron and folate rich food in diet
- prevent sexually transmitted infections, by barrier use or abstinence
- maintain healthy exercise level

Question No. 27 (1 point)

b

Question No. 28 (3 points)

b
d
e

Question No. 29 (4 points)

a
b
c
d

Question No. 30 (3 points)

The answer must include three of the following, or a reasonable paraphrase.

- hope/belief that the partner will change or reform
- no place to go
- lack of resources, economic dependence on partner
- fear of reprisals
- feels responsible or at fault for the situation
- fear of being alone, social stigma of being single or divorced

GRAND TOTAL:	80 points
CUT OFF:	56 points (70%)

SKILLS ASSESSMENT TOOLS

There are no Skills Assessment Tools included in Module 6. The trainer should adapt/adopt tools which are included in other modules. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on-the-job after training. They also may be used by trainees to guide skills acquisition during training or as a job aid after training. Trainers can create additional tools for other skill areas using the Key Resources listed on page 6-9. Tools from other *SourceBook* modules which may be easily adapted/adopted for use with this module include:

Module 1, Tool 1-b: Counseling the Client to Make an FP/RH Decision

Module 2, Tool 2-a: Providing Group Education about FP/RH

All Tools in Module 3: Providing Family Planning Services

Selected Tools, as appropriate, in:

Module 4: Providing Basic Maternal and Newborn Care Services

Module 5: Providing Postabortion Care Services

REFERENCES

The following list includes the Key Resources for this Module (see page 6-9), references used to develop this module, and other resources that are particularly useful for trainers.

* Bright P, Ogburn L, Angle M: Cervical Cancer Prevention. *INTRAH Technical Information Memo Series (TIMS)* July 1996;3(C1e):1-6.

Provides information and guidance on field-relevant questions about cervical cancer. Briefly discusses causes of cervical cancer, primary and secondary prevention strategies. Answers questions about cervical cancer and family planning method choice. Also included as appendix to *Recommendations for Updating Selected Practices in Contraceptive Use*, *Volume II* (see Technical Guidance/Competence Working Group, Gaines M (ed.) below). Available in ***English***, ***French,*** ***Portuguese*** and ***Spanish*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Collaborative Group on Hormonal Factors in Breast Cancer: Breast Cancer and Hormonal Contraceptives: Collaborative Reanalysis of Individual Data on 53,297 Women with Breast Cancer and 100,239 Women Without Breast Cancer from 54 Epidemiological Studies. *Lancet* 1996;374:1713-27.

Report of the reanalysis of 54 epidemiological studies done worldwide involving large numbers of women with and without breast cancer. Relative risks for developing breast cancer estimated for populations stratified by age, parity, age when first child was born and use of hormonal contraception. Evidence cited for small increase in relative risk of breast cancer for women taking combined oral contraceptives and in the 10 years after stopping them. No evidence of increased risk for those who used oral contraceptives over 10 years ago. Article includes 71 references. Available in ***English*** from:

The Lancet
245 West 17th Street
New York, New York 10011, USA.
Tel: 1-212-633-3800
Fax: 1-212-633-3850

The Lancet
42 Bedford Square
London WC1B 3SL, UK.
Tel: 44-(0)-171-436-4981
Fax: 44-(0)-171-580-8175

* These resources are particularly useful for trainers.

Collaborative Group on Hormonal Factors in Breast Cancer: Breast Cancer and Hormonal Contraceptives: Further Evidence. *Contraception* 1996;54(suppl.):1S-106S.

Reassessment of worldwide epidemiological data on breast cancer risk and use of hormonal contraceptives. Original data from 90% of available information on topic was collected checked and analysed centrally. Fifty-four studies were performed in 26 countries and include a total of 53,297 women with breast cancer and 100,239 without. Findings presented in statistical tables and figures. Available in ***English*** from:

Elsevier Science, Inc.
Customer Support Department
P.O. Box 945
New York, New York 10159-0945, USA.
Tel: 1-212-633-3730; toll free (in North America): 1-888-4ES-INFO
Fax: 1-212-633-3680
E-mail: usinfo-f@elsevier.com

Family Health International: Adolescents. *Network* 1993;14(2):1-35.

Focus on reproductive health needs of adolescents. Individual articles explore specific risks such as unsafe abortions and AIDS. A variety of approaches intended to overcome obstacles to good adolescent health are described. Available in ***English***, ***French*** and ***Spanish*** from:

Family Health International (FHI)
P. O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

* Dixon-Mueller R: The Sexuality Connection in Reproductive Health. *Studies in Family Planning* 1993;24(5):269-282.

Relates sexuality to reproductive health outcomes and suggests that family planning policies and programs address broader spectrum of sexual behaviors and meanings. Notes need to confront male entitlements threatening women's sexual and reproductive health. Also reprinted in Zeidenstein S and Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996. Both available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* Family Planning Association of Kenya (FPAK): *Reproductive Health Client Management Guidelines*. Nairobi, FPAK, forthcoming.

Practical clinical guidelines for use by multidisciplinary health care providers in family planning and reproductive health services. Step-by-step directions given for safe management of clients. Procedures well illustrated with simple and clear drawings. Includes sections on unwanted pregnancy, infertility, gender issues, female circumcision and wife inheritance. Excellent example of current reproductive health management with a focus on efficient, sensitive, client-focused services. Adaptable for use in other countries. Publication forthcoming. Please contact:

Godwin Z. Mzenge
Executive Director
Family Planning Association of Kenya (FPAK)
Harambee Plaza
Nairobi, Kenya.

* These resources are particularly useful for trainers.

Germain A, Kyte R: *The Cairo Consensus: The Right Agenda for the Right Time*. New York, International Women's Health Coalition, 1995.

Attractive 30 page booklet presents an analysis of the consensus forged at the United Nations International Conference on Population and Development in Cairo 1994. Excerpts from Programme of Action highlight directions for population related policies including reproductive health. The entire text of agreement is not included, but overview, highlights and background information make this a good resource. Available in ***English*** and ***Spanish*** from:

International Women's Health Coalition (IWHC)
24 East 21st Street
New York, New York 10010, USA.
Tel: 1-212-979-8500
Fax: 1-212-979-9009.

* Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in ***English*** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

* These resources are particularly useful for trainers.

* Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in ***English*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Heise L: *Violence Against Women: The Hidden Burden.* World Bank Discussion Papers. Washington, DC, World Bank, 1994.

Compiles and presents existing data on dimensions of violence against women worldwide and reviews available literature on health consequences of abuse. Authors explore primary prevention, justice system reform, health care response, programs to assist victims, and treatment and reeducation programs for perpetrators. Currently not in print.

International Planned Parenthood Federation: Empowering Youth. *Planned Parenthood Challenges* 1995;1:1-49.

Confronts the global crisis in adolescent sexuality: teen pregnancy, unsafe abortions, sexual exploitation, STDs and HIV. Articles focus on involvement of youth in seeking new strategies in sex education and promotion of sexual responsibility. Available in ***English*** from:

International Planned Parenthood Federation (IPPF)
Regents College
Inner Circle
Regents Park
London NW1 4NS, England.
Tel: 44-171-486-0741
Fax: 44-171-487-7950
E-mail: jhamand@ippf.attmail.com

* These resources are particularly useful for trainers.

Kabatesi D: Young People and STDs: A Prescription for Change. *AIDS Captions* May, 1996:21-23.

Describes lack of reliable information and obstacles to prompt adequate STD treatment faced by Ugandan youth. Radio talk show and print media approaches are described and a nationwide comprehensive effort is recommended. Available in ***English*** from:

AIDSCAP
Family Health International (FHI)
2101 Wilson Blvd., Suite 700
Arlington, Virginia 22201, USA.
Tel: 1-703-516-9779
Fax: 1-703-516-9781

Lande R (ed): Controlling Sexually Transmitted Diseases. *Population Reports* Series L, 1993;(9):1-31.

Covers STD prevalence, consequences and control methods. Practical guidelines given for setting up effective clinical services to make STD prevention and treatment available and accessible. Valuable resource because of complete and clear information, tables listing costs of treatment, discussion of advantages and drawbacks of combining STD and family planning services, and annotated list of resource materials. Available in ***English***, ***French*** and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Lande R (ed): Sexually Transmitted Diseases: Syndromic Diagnosis, Treatment and Follow-up. Wall Chart. Supplement to *Population Reports* Series L, 1993;(9).
Information presented in graphic modified decision tree format, on colorful 27 inch by 37 inch chart. Recommended and alternate drug therapy listed with check boxes to allow adaptation for drugs available in a particular setting. Collects large amount of information in one place for clinical reference. Available in ***English***, ***French*** and ***Spanish*** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* Lichtman R, Papera S: *Gynecology: Well Woman Care*. East Norwalk, CT, Appleton and Lange, 1990.
Textbook written for non-physician providers of women's reproductive health care. Woman-centered presentation with emphasis on health maintenance. Discusses all components of patient care from teaching and counseling to self-help measures, from prescribing medication to referral for surgical intervention. Reviews current research findings on topics, e.g., experimental methods of birth control and menopausal hormonal replacement. Illustrated with clear diagrams and photographs. Available in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 515-284-6719

* Love S, Lindsay K: *Dr. Susan Love's Breast Book*, 2nd ed. New York, Addison-Wesley, 1994.
Valuable reference for both general reader and anyone providing health care for women. Breast development, appearance, changes during the life cycle as well as diseases of the breast are clearly explained. Information about diagnosis and treatment of breast disease presented in adequate depth for women to make informed choices about their own health care. Drawings supplement text and are used to illustrate treatment options including surgical procedures. Available in ***English*** from:

Addison-Wesley Longmont
One Jacob Way
Reading, Massachusetts 01867, USA.
Tel:1-617-944-3700; toll free (North America): 1-800-387-8028
Fax: 1-416-944-9338

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* These resources are particularly useful for trainers.

McDevitt TM, et al: *Trends in Adolescent Fertility and Contraceptive Use in the Developing World.* Washington, DC, US Department of Commerce, Economics and Statistics Administration, Bureau of the Census, March, 1996.
Presents survey data from 56 countries documenting recent trends in adolescent reproductive behavior. Teen fertility is examined in relation to residence, education, marital status and contraceptive use. Data presented in bar graphs, detailed tables and scatter graphs. Available in ***English*** from:

Superintendent of Documents
P.O. Box 371954
Pittsburgh, Pennsylvania 15250, USA.
Tel: 1-202-512-1800
Fax: 1-202-512-2250

Moore K, Rogow D (eds*): Family Planning and Reproductive Health: Briefing Sheets for a Gender Analysis*. New York, The Population Council, Inc., 1994.
Topics addressed in relation to family planning are: social and economic restrictions on women, social and economic responsibility of men and women for childrearing, gender based abuse, adolescence and sexuality. Each briefing sheet includes an overview of issue documenting how gender roles have a negative effect on contraception use and reproductive health, especially for women. Ideas for program and research initiatives within context of family planning services are proposed. Extensive and current bibliography concludes each paper. Available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* Mtawali G, et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*. Chapel Hill, NC, INTRAH, 1997.
Covers changes that take place during the menstrual cycle and ways that contraceptive methods interrelate with cyclic changes. Contains 21 sample client cases demonstrating how knowledge about changes in the menstrual cycle can be applied to management of FP clients' concerns, including postpartum FP. Includes wall chart. ***French*** and ***Spanish*** editions are forthcoming. Available in ***English*** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

* These resources are particularly useful for trainers.

* Notelovitch M, Tonnensen D: *Menopause and Mid-life Health*. New York, St. Martin's Press, 1993.

Intended for general reader without medical knowledge. Contains information on all aspects of mid-life health promotion. Includes alternatives to hormone therapy for management of menopause symptoms. Many charts and diagrams useful for guiding one's personal dietary intake and exercise program. Available in ***English*** from:

St. Martin's Press, Inc.
175 5th Avenue
New York, New York 10010, USA.
Tel: 1-212-674-5151
Fax: 1-212-529-0594

* Paluzzi P, Quimby C: *Domestic Violence Education Module*. Washington, DC, American College of Nurse-Midwives, 1995.

Intended to assist faculty of nurse-midwifery programs in educating students about issues of domestic violence and providing care to victims of domestic or family abuse. Discusses screening for abuse, making safety assessments and documenting findings for both medical and legal systems. Divided into three components: 1) basic history and physical assessment information; 2) defining clinical issues and refining students ability to respond and interact appropriately; and 3) expanding student's knowledge and resources of community, and promoting activist role. Appendices include a compilation of teaching resource tools and articles relevant to topic. Available in ***English*** and ***Spanish*** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

* These resources are particularly useful for trainers.

Shah MA (ed): Domestic Violence: Implications for the American College of Nurse-Midwives and Its Members. *Journal of Nurse-Midwifery* 1996;41(6):430-473.

Contains seven articles by various authors providing in depth study of domestic violence for midwives. Covers issues such as: role of nurse-midwives in assessment; health effects of childhood sexual abuse, domestic battering and rape; cultural competence in care of abused women; rural women and domestic violence; forensic documentation of battered pregnant women; and role of nurse-midwife in providing effective advocacy for domestic violence victim. Contains pre- and post-test questions for home study program on domestic violence. Available in ***English*** from:

Elsevier Science Customer Support Department
P.O. Box 945
New York, New York 10010, USA.
Tel: 1-212-633-3730; toll free (for customers in North America):1-888-4ES-INFO
Fax: 1-212-633-3680
E-mail: usinfo-f@elsevier.com.

Spore L, Glass R, Case N: *Clinical Gynecologic Endocrinology and Infertility*. 5th ed. Baltimore, William's and Wiliness, 1994.

University level textbook covers reproductive physiology and endocrinology, including molecular and cellular level biology. Explains rationale for clinical management of reproductive health problems. Divided into sections covering reproductive physiology, clinical endocrinology, contraception and infertility. Considered by many United States experts to be definitive textbook for gynecologic endocrinology. Available in ***English*** from:

William's and Wiliness
351 West Camden Street
Baltimore, Maryland 21201-2436, USA.
Tel: 1-410-528-4000; toll free (North America): 1-800-527-5597
Fax: 1-410-528-8550; toll free (North America): 1-800-447-8438
E-mail: customer@wwilkens.com

Technical Guidance/Competence Working Group, Gaines M (ed): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1997.

Volume II supplements *Volume I*. Intended audience is persons and organizations developing or updating family planning/reproductive health procedural and service guidelines. Addresses Lactation Amenorrhea Method (LAM), natural family planning, barrier methods, voluntary sterilization, combined (monthly) indictable contraceptives, progestin-only pills, levonorgestrel-containing intrauterine devices (IUDs), emergency contraceptive pills and questions on *Volume I* methods not addressed in the first edition. Includes community-based services checklists for initiating combined oral contraceptives and Depo Provera®, guidance on client-provider interaction in family planning services, and information on contraceptive effectiveness (typical and perfect pregnancy rates) and STD risk assessment. ***French, Portuguese*** and ***Spanish*** editions forthcoming. Available in ***English.***

English and ***French*** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Portuguese and ***Spanish*** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett, Publishers International, 1997.

Basic textbook for midwives presented within context of midwifery in the USA. Includes primary care of women and midwife's role in collaborative management of complications. Excellent skills section containing step-by-step instructions with rationale for performing midwifery skills such as; pelvic assessment, delivery, IUD insertion, suturing, Pap smear, infant circumcision. Available in ***English*** from:

Jones and Bartlett Publishers, Inc.
40 Tall Pine Drive
Sudbury, Massachusetts 01776, USA.
Tel: 1-508-443-5000; toll free (North America): 1-800-832-0034
Fax: 1-508-443-8000
E-mail: info@jbpub.com

World Bank: *A New Agenda for Women's Health and Nutrition*. Washington, DC, The World Bank, 1994.

Surveys health problems specific to women and discusses feasibility and cost effectiveness of health care measures targeted to women. Good resource for support and guidance in developing public health services for women. Available in ***English*** and ***French*** from:

The World Bank
Box 7247-8619
Philadelphia, Pennsylvania 19170-8619, USA.
Tel: 1-703-661-1580
Fax: 1-703-661-1501

* World Health Organization, Division of Family and Reproductive Health: *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide*. Geneva, WHO, 1993.

Designed for use in five-day workshop training counselors in adolescent sexuality and reproductive health. Addresses sexual behavior, sexual difficulties, STDs, pregnancy prevention, difficult moments in counseling and integration of skills. Includes appendix of transparencies for use in training. Available in ***English***, ***French*** and ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* These resources are particularly useful for trainers.

World Health Organization, Division of Family and Reproductive Health: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating Use of Contraceptive Methods.* Geneva, WHO, 1996.

Intended for policymakers, family planning program managers and scientific community. Contains recommendations for revising family planning policies and prescribing practices in line with updated medical eligibility criteria supported by latest scientific evidence. Guidelines presented in an easy-to-read table format. Available in ***English*** and ***French.*** Forthcoming in ***Spanish*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

* World Health Organization, Global Program on AIDS: *Management of Sexually Transmitted Diseases*. WHO/GPA/TEM/94.1 Rev.1, Geneva, WHO, 1997.

Standardized protocols for management of specific STDs and related syndromes including recommended and alternate drug treatment. Particularly helpful section comments on the individual drugs, noting interactions and possible substitutions. Available in ***English*** from:

World Health Organization (WHO)
Distribution and Sales
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: publications@who.ch

* These resources are particularly useful for trainers.

World Health Organization: *Management of Patients with Sexually Transmitted Diseases*. Geneva, WHO, 1991.

Report of WHO study group considering ways to improve prevention and control at primary health care level of sexually transmitted diseases (STDs). Discusses principal components of adequate patient management (e.g., diagnosis and treatment, health education, counseling and partner notification, testing for other STDs, and case-reporting) and proposes management protocols for most commonly encountered syndromes, including those due to chancroid, syphillis, gonococcal and chlamydial disease, trichomoniasis, candidiasis and infection with human immunodeficiency virus (HIV). Annexed to report are details of laboratory diagnostic methods, treatment recommendations and model forms for case-reporting. Available in ***English*** and ***French*** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization: *Psychosocial and Mental Health Aspects of Women's Health*. Geneva, WHO, 1993.

Extensive review of literature on psychosocial aspects of womens mental health. Particular attention given to consequences of stress and reproductive well-being on womens mental health. Discussion limited to women in developed countries. Available in ***English*** and ***French*** from**:**

World Health Organization (WHO)
Division of Family and Mental Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization/UNICEF: *Consensus Statement from the WHO/UNICEF Consultation on HIV Transmission and Breast Feeding, Geneva, 30 April - 1 May 1992.* (WHO/GPA/INF/92.1) Geneva, World Health Organization, 1992.

Recommendations for management of breastfeeding and HIV transmission based on review of current scientific research. Available in ***English***, ***French*** and ***Spanish*** from**:**

World Health Organization (WHO)
Division of Food and Nutrition
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: akrej@who.ch

Young Adults—Is Age a Risk Factor? *MotherCare Matters* 1995;5(2/3):1-19.

Three articles address the relationship of young age to pregnancy risk, birth outcomes and risk of STDs. Approaches and methodologies developed specifically for use in programs targeting young adults are recommended. Available in ***English***, ***French*** and ***Spanish*** from:

John Snow, Inc. (JSI)
MotherCare
1616 North Fort Myer drive, 11th Floor
Arlington, Virginia 22209, USA.
Tel: 1-703-528-7474
Fax: 1-703-528-7480
E-mail: susan_shulman@jsi.com

* Youngkin EQ, Davis MS: *Women's Health. A Primary Care Clinical Guide*. Norwalk, CT, Appleton & Lange, 1994.

Presents a holistic approach to women's health care intended for non-physician providers. Contains selected common medical and psychosocial problems as well as reproductive health concerns. Written in a concise, outline format and provides for each problem the epidemiology, subjective data, objective data, diagnostic methods and a plan. Counseling and follow-up care guidelines are included. Second edition available January 1998 in ***English*** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 1-515-284-6719

Zeidenstein S, Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996.

Collection of writings exploring relationship between sexuality and health programs. Short chapters authored by social and biomedical scientists, health activists and providers of family planning and reproductive health services in many countries. Writings describe research programs and projects that focus on links among reproductive health, sexuality and health-seeking behaviors. Excellent resource for study of links between gender roles, sexuality, power and sexual behavior. Available in ***English*** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

* These resources are particularly useful for trainers.